



## OUTDOOR ADVENTURE MALE MENTORING PROGRAM

### REGISTRATION FORM

Name of Youth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_

Youth E-Mail: \_\_\_\_\_

Check the boxes if you have an account on; Face book  Twitter   
Instagram  Kick  or others \_\_\_\_\_

Empowering Individual Children Families & Communities

Parent Name: \_\_\_\_\_

Parent's E-mail address: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_



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### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I am the parent/guardian of \_\_\_\_\_ . I consent for my child to receive such medical treatment and/or surgical procedures as are necessary in the event of an emergency, and to assume liability for medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Unique Alternatives Inc. as a whole, or by staff.

Should medical emergency arise during my child's participation in Unique Alternative's Inc. sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers listed below. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alterative would cause, I consent to:

The administration of medical treatment and/or surgical procedures as deemed necessary by the medical doctor and/or medical staff. The immediate administration of life-sustaining measure(s) deemed necessary under the circumstances.

#### Contact Information

Parent/Guardian Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Authorized Relative Name: \_\_\_\_\_ Number: \_\_\_\_\_

#### Health Information

Identified Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



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### RELEASE OF LIABILITY/ASSUMPTION OF RISK

Please read each of the following statements and sign as Indicated below. Minors must have signature of custodial authority.

In consideration of the services of Unique Alternatives Inc., its officers, directors, agents, employees, volunteers and leaders, and all other persons or entities associated with it receipt of which is hereby acknowledged, I and any parent or guardian signing below, for ourselves, our heirs, survivors, administrators, successors, accomplices, and assigns (collectively, I), acknowledge and knowingly and voluntarily agree as follows: I acknowledge that the outdoor activities in which Unique Alternatives Inc. Outdoor Adventure Male Mentoring Program participates-including, but not limited to, swimming (pools with lifeguards), day camping, hiking trails, ropes, - involve certain risks which may cause damage to or loss of my equipment, injury, illness or, in extreme cases, permanent trauma or death. I assume the risks of the activities identified herein and other risks not specifically identified. I relieve Unique Alternatives Inc. Outdoor Adventure Mentoring Program of any responsibility or duty it may have to protect me from all such risk. I also understand that all of Unique Alternatives Inc. Outdoor Adventure Male Mentoring Program utilizes City, County, and State parks in North Carolina to perform various outdoor activities. In addition, I expressly surrender and release Unique Alternatives Inc. Outdoor Adventure Male Mentoring Program from any and all claims I have or may have, including the right to file lawsuit or make any demands of Unique Alternative Inc. Outdoor Adventure Male Mentoring Program for personal injury, property damage, wrongful death, breach of contract, products liability, or any other claim or loss arising out of my or my child's or ward's participation in any Unique Alternatives Inc. Outdoor Adventure Male Mentoring Program activity, even if caused by negligence of Unique Alternatives Inc.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_ Date\_\_\_\_\_



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## OUTDOOR ADVENTURE MALE MENTORING PROGRAM

### Male Mentoring Empowerment Group Parent & Participants Pledges

#### Parent or Guardian:

\_\_\_ I understand that my child will be participating in Unique Alternatives Inc Outdoor Adventure Male Mentoring Program and is doing so with my permission. By participating in this monthly program, my child is bound by the rules of the program and will abide by them.

\_\_\_ I give permission for my child to watch educational films and movies associated with the program objectives.

\_\_\_ I give permission for my child to take group photos. Photos maybe posted on Unique Alternatives Inc. face book page.

\_\_\_ I give permission for my child to participate in hiking and day camping activities at city, county, and state parks.

\_\_\_ I give permission for my child to participate in flag football, rope pulling activates and swim in swimming pools supervised by city, county, or state lifeguards.

\_\_\_ I understand that in case of an emergency, you will make every effort to try to contact me or the person(s) listed as emergency contacts. In the event that I/we cannot be reached, I give my full permission to seek quick and proper medical attention for my child.

By signing below, I agree to the terms and conditions of Unique Alternatives Inc Male Mentoring Empowerment Program

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Parent/Guardian

Date