

# North End Youth Improvement Council

111 KING ST.  
DETROIT, MICHIGAN 48202

## Participant Enrollment Form

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Number) (Street) (City) (Zip) (County)

Work Address \_\_\_\_\_  
(Number) (Street) (City) (Zip) (County)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*\*\*\*\*

**IN CASE OF EMERGENCY, THE FOLLOWING PERSON MAY BE CONTACTED IF PARENT OR GUADIAN ARE NOT AVAILABLE:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**NAME OF PERSON OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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### Parent/Guardian Consent and Release- (Read before signing)

I grant permission for my child to participate in The North End Youth Improvement Council's Programs (NEYIC), including all on-site and field trips activities. I understand that NEYIC, its' officers, directors, agents, and representatives and employees, whether voluntary or employed, assume no responsibility whatever for any injury suffered by or medical emergency occurring to this child in the course of their participation. On behalf of myself and this child and to the full extent permitted by law, I hereby release exonerate, and discharge NEYIC and its' officers, directors, agents, representatives, and employees, whether voluntary or employed, from any and all liability, damages, actions, or causes of action for any injuries suffered by or medical emergency occurring to this child while participating.

In addition, I understand and agree that NEYIC and/or its officers, directors, contractors, agents and representatives will and are hereby authorized to make audio and/or video recordings of NEYIC Activities. On behalf of this child, and myself I hereby authorize NEYIC, without payment to myself or to on behalf of this child, to record this child's picture and voice on photographs, films, and tapes, to edit these recordings as its discretion, and incorporate these recordings into movie and sound films or tapes, broadcasts (radio or television) programs, public relations and advertising materials, or otherwise, and to license others to use the same in any manner of media whatsoever.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date Signed)

# North End Youth Improvement Council

## Participant Enrollment Form

Additional Children in Family:

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*\*\*\*\*  
Participant's Name \_\_\_\_\_

Sex: ()- Female ()-Male Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

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Total Number of Children approved to Participant by Parent/Guardian: \_\_\_\_\_

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(Signature of Parent/Guardian)

(Date Signed)