

**REGISTRATION FOR "PROJECT ALPHA LEADERSHIP TRAINING"
MUST COMPLETE ONE (1) FORM PER CHILD - **PLEASE PRINT****

NAME: _____ AGE: _____ DOB: _____ SEX: _M_ _F

DISABILITY: _____ T-SHIRT SIZE: S M L XL XXL

SCHOOL ATTENDING: _____ GRADE _____

DIETARY NEEDS (Food Allergies): _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

IN CASE OF EMERGENCY CALL:
(NAME) _____ PHONE: _____

Consent and Release

I _____ hereby grant permission for the participant to take part in the "Project Alpha Leadership Training" program, which is sponsored by the Beta Nu Lambda Foundation, March of Dimes and Alpha Phi Alpha Fraternity, Inc. I also agree, on behalf of myself and the participant, not to make any claims or demands of any kind against Mecklenburg County or any of its employees or agents for any loss or injury that the participant might sustain while engaged in the "Project Alpha Leadership Training" program including transportation to and from the program site. I authorize such physician or medical staff as the Mecklenburg County Park and Recreation Department my designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I/we further authorize its medical staff to provide any treatment deemed necessary for the well-being of participant. I also agree that photographs of the participant may be published for the purpose of publicizing and promoting programs operated and/or sponsored by the Mecklenburg County Park and Recreation Department.

Signature of Parent(s)/Guardian _____ **Date** _____