

# H.E.A.R.T. Organization, Inc.

B.G.L.E.E. (Black Girls Learning Emerging Excelling)

Girls Summer Mentoring Program

## Registration Application

### YOUTH AND PRIMARY CONTACT INFORMATION:

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size (circle one): Youth: SM MED LG or Adult: SM MED LG XL XXL XXXL

Mother/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address you check most frequently:  
\_\_\_\_\_

Father/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work home \_\_\_\_\_

Email address you check most frequently:  
\_\_\_\_\_

Best way to contact you? (Circle One) Home Phone Mobile Phone Email

### EMERGENCY CONTACT/AUTHORIZATION PICKUP:

The youth will be released only to the custodial parent or legal guardian and the persons listed below must be 18 years old. The following people will also be contacted and are authorized to remove the child from the summer program in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

#### **Emergency Contact #1:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

#### **Emergency Contact #2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

#### **Emergency Contact #3:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

**MEDICAL RELEASE INFORMATION:**

I hereby grant permission for HEART Organization Staff to contact the following medical personnel to obtain emergency medical care if needed.

Policy Number \_\_\_\_\_ Name of Health Insurance \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures)

Medical Problem	Required Treatment	Y/N - Should paramedic by called?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any food or environmental allergies that we need to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
\_\_\_\_\_ YES \_\_\_\_\_ NO; If yes explain,  
Explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?  
\_\_\_\_\_ YES \_\_\_\_\_ NO; If yes explain,  
Explain: \_\_\_\_\_

Does the child have any behavioral or emotional issues the staff should know about?  
\_\_\_\_\_ YES \_\_\_\_\_ NO; If yes explain,  
Explain: \_\_\_\_\_

Does your child require a special diet?  
\_\_\_\_\_ YES \_\_\_\_\_ NO; If yes explain,  
Explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Is there any additional medical information that we may need to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

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

I understand that the B.G.L.E.E. Mentoring Summer Program will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

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

Photo Release - I hereby give permission for my child to be photographed during the B.G.L.E.E. Mentoring Summer Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of B.G.L.E.E. Mentoring Summer Program and its affiliates.

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

B.G.L.E.E. Mentoring Summer Program and its staff are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

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

I hereby state that my child is physically and mentally capable of safe participation in B.G.L.E.E. Programs. I assume all risks and hazards incidental to the conduct of this program. I agree that B.G.L.E.E. Mentoring Summer Program shall not be responsible for any personal injuries or losses sustained by my child while on any B.G.L.E.E. premises, B.G.L.E.E. vehicles, or as a result of any B.G.L.E.E. sponsored activity. I further hold harmless the B.G.L.E.E. Mentoring Program from any claims or demands arising out of any such injuries or losses. I also authorize B.G.L.E.E. to obtain medical treatment for my child in the event the parent(s), guardian, or emergency contact cannot be reached. I understand and agree to abide by the policies therein stated. I also give permission to the use of photographs of my children in B.G.L.E.E. publications and news media and give permission to the above name child to participate in activities, field trips, and to use B.G.L.E.E. owned and contracted transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



YOUR REGISTRATION



To Site

To register, please send completed application to:  
(Application and registration can be processed online)

Email: [heartorganization@yahoo.com](mailto:heartorganization@yahoo.com)

Office: (229) 883-0200

H.E.A.R.T. Organization, Inc.

P.O. Box 4433 Albany, GA 31706

Website: [www.heartcares2.com](http://www.heartcares2.com)

Facebook/HEART Organization Inc.