



**BOYS 2 MEN MENTORING PROGRAM
ENROLLMENT APPLICATION**

CHILD APPLICANT INFORMATION

LAST NAME FIRST NAME DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP

HOME PHONE MOBILE PHONE

EMAIL ADDRESS T-SHIRT SIZE

Have you ever been convicted of a crime? * ___ YES ___ NO

Have you ever been arrested? * ___ YES ___ NO

Have you ever had to do community service? * ___ YES ___ NO

Have you ever been suspended from school? * ___ YES ___ NO

Have you ever tried illegal drugs? * YES ___ NO

CHILD APPLICANT EDUCATION

What school do you attend? * _____

Current Grade _____



CHILD APPLICANT AREAS OF ASSISTANCE

Check the following areas that you would like assistance: *

- | | | | | |
|----------------|--------------|----------|--------|-----------------|
| School Parents | Attitude | Anger | Sports | How to be a Man |
| Friendships | Crime | Religion | Sex | Girls |
| Prayer | Manage money | Other | | |

PARENT INFORMATION

LAST NAME FIRST NAME DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP

HOME PHONE MOBILE PHONE

EMAIL ADDRESS

Does your son take any prescription medication? If so, what types of meds and what is the medication for?*

Please list any and all allergies your child has below. Include all types of allergens, including food, environmental and medication allergies.



DISCLAIMER AND ACKNOWLEDGEMENT

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.

Participation in this program is a privilege and not a right. Both the parent/guardian and child must understand this concept. If the rules and regulations are not followed the child can be removed from the program at any time.

Parents/Guardians: I do agree to support the program to the best of my ability, if my son is accepted.

Parent/Guardian Printed Name

Applicant Printed Name

Parent/Guardian Signature

Applicant Signature

Date

Date

FOR OFFICE USE ONLY

Reviewed by: _____ Approved _____ Denied

Date: _____

Notes: _____



Physical Activity

What is your child's current activity level? _____

Does your child participate in team sports? If yes, which ones?

General Health

Has your child suffered from any broken bones? _____ If yes, which ones? _____

Date of Occurrence? _____ Status of Recovery? _____

Has your child suffered from any head trauma? _____ If yes, date of occurrence? _____

Status of Recovery? _____

Other injuries? _____ if yes, date of occurrence? _____

Status of Recovery? _____

Has your child been diagnosed with any of the following: Heart condition, Allergies, Asthma, ADHD,

Other conditions? _____

Do you know any reason why your child should not participate in physical activity?

Does your child need a rescue inhaler? _____

If your child's health status changes, please let us know.



Policies and Liability Release

Fit4Life is a unique fitness program designed for kids of all ages and fitness levels. Providing a healthy lifestyle for our children now is essential for their well-being later. Whether your child plays athletics or not, it is imperative they learn the proper way to push, pull, run, throw, climb, lift, and jump both effectively and safely.

Fit4Life Exercise program:

- All forms must be filled out and signed prior to the start of the first session. Please bring all forms with you on the first day.
- Attire: Wear comfortable tennis shoes. No flip flops allowed. Appropriate workout attire is needed. You must bring a water bottle with you to every session in order to maintain hydration.
- Training sessions will begin promptly at the time specified.
- Injury: You are fully responsible for any injury you incur before, during, or after workouts. The trainer will not be held accountable in any manner, legal or otherwise. Any injury incurred before, during, or after workout sessions is solely the responsibility of the client. Focusing during your workout and following directions will help prevent any injury. It is the client's responsibility to communicate any symptoms or discomfort during the session.
- No verbal agreement can alter or change the conditions of this agreement in any part.



Release, Covenant Not to Sue, and Waiver

I, _____, the parent or legal guardian of _____, authorize my child to participate in the B2M Fit4Life exercise program that will include strength, resistance, agility, endurance /or cardiovascular exercise. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made to minimize these risks. Any information that is obtained regarding my child's fitness level and progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent. I have read and understand the foregoing consent to participation in said program. I am aware that my child may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the training program I will discuss these questions with Health and Fitness Trainer

In addition, I agree, on behalf of my child, to the following:

- a) Assume all risk of injury and all risk of damage to or loss of property arising out of my participation in this program.
- b) Release, discharge, and waive all responsibility from Fresh Breath International, and those individuals affiliated as trainers or staff of the camp from and against any liability of injury, including death, and for damage to or loss of property which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program.
- c) Indemnify and hold Fit4Life, Scott Anderson, and those individuals affiliated such as trainers or staff from and against all liability, claims, demands, actions, loss, and damage arising out of my participation in said group training program.

By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully before signing and agrees to comply with all the above.

Signature of Parent/Guardian – one signature required if participant is 18 years old or younger:

Signature: _____

Print Name: _____

Date: _____



COVID Release

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Boys2Men Mentoring (“B2M”) and Fit4Life (“F4L”) has put in place preventative measures to reduce the spread of COVID-19; however, B2M cannot guarantee that you or your child(ren) will not become infected with COVID-19.

Further, attending B2M/F4L could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending B2M/F4L and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at B2M/F4L may result from the actions, omissions, or negligence of my child and others, including, but not limited to, B2M employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at B2M/F4L or participation in B2M/F4L programming (“Claims”).

On my behalf, and on behalf of my children, I hereby release, B2M/F4L/Fresh Breath International/and Orange County not to sue, discharge, and hold harmless B2M/F4L, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of B2M, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any B2M program, event, or field trip.

Signature of Parent/Guardian Date Print Name of Parent/Guardian

Name of Participant



PARENT/GUARDIAN CONSENT FORM

_____ I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program.

_____ I fully understand that the program involves mentors, who shall be selected from the community and will be screened and trained before beginning in the program.

_____ I understand that I must participate in an orientation session in which the program will be explained.

_____ I Understand that I must be willing participate in a 12- session Parent enrichment program for my child to continue to be in the program.

_____ I understand that during the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of B2M will provide ongoing monitoring of the mentoring activities.

_____ I give the B2M Mentoring Program Coordinator permission to obtain my child's report card and academic and attendance records from my child's school.

_____ I give B2M Mentoring permission to share my child's files, personal information, photos, and progress with Orange County Government and the CCC.

_____ I permit the Mentoring Program staff and B2M Mentoring to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

_____ I understand there is an application fee of \$25.00

_____ I understand the Program meets on Wednesdays for ages 10 – 13 and Thursdays for ages 13 – until completing high school.

_____ I Understand that being a part of B2M automatically enrolls me in Fit4Life Fitness/Health program.

_____ I Understand that enrolling my child in B2M automatically enrolls him in My Brothers Keeper Mentoring National Mentoring Program.



_____ I understand that my child may be interviewed, photographed, and/or videotaped with sound for the sole purpose of promoting Fresh Breath International DBA Boys2Men Mentoring, Fit4Life, and Parent Enrichment.

_____ I understand that I must submit a copy of my child's most recent report to B2M Prior to receiving a start date.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)