



Sharing The Love Foundation  
Youth Empowering Youth

Registration Form  
Please Print

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

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

Sex: \_\_\_M \_\_\_F Ethnicity (Choose One):  
Native American/Alaskan Native  
Asian/Pacific Islander  
Spanish/Hispanic Origin  
African American/Black  
Caucasian/White

Check which parent/guardian should be contacted in case of an emergency:

\_\_\_ Mother \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
\_\_\_ Father \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
\_\_\_ Guardian \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other person to notify in case of an emergency if parent/guardian cannot be reached:

\_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Please indicate any information useful to Sharing the Love Foundation about any health conditions. Also, indicate any activities to be encouraged or restricted.

\_\_\_\_\_  
\_\_\_\_\_

I/we give my child permission to participate in activities at Sharing the Love Foundation. I give Sharing the Love Foundation the right and permission without compensation to use photographs of my child and their name for publicity and public relations purposes.

\_\_\_ Yes \_\_\_ No

I/we do further agree that Sharing The Love Foundation volunteers, individually or collectively, shall not be held responsible or liable for personal injury or loss resulting either in/on the premises of Sharing The Love Foundation or in route to or from Sharing The Love Foundation or field trips.

Parent/Guardian Signature:

Date

Staff Use Only: Date Received:

Permission to participate verified by:

Name:

Title: