



YOUTH MENTORING ORGANIZATION

Registration Form

DATE _____ NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

DATE OF BIRTH _____ PHONE NUMBER _____

EMAIL ADDRESS _____

CURRENT SCHOOL GRADE _____

DATE OF BIRTH _____

ETHNICITY (Optional – For Statistical Purposes Only)

PARENT/GUARDIAN AND EMERGENCY INFORMATION

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Guardian's Name _____ Home Phone _____ Cell Phone _____

Emergency Contact:

Name _____

Relation _____ Cell Phone _____

Family Medical Insurance Carrier(e.g. Cigna): _____ Policy Number: _____

Parent's Signature _____ Participant's Signature: _____

1) I approve my child's application to participate with Next Up Foundation and will provide notification of changes in address or phone number.

2) I understand that the Foundation has safety and behavior rules my child is expected to follow. I understand that if he or she fails to follow the rules, he or she may be asked to leave for the day.

3) I agree to hold Next Up Foundation harmless in case of injury resulting from my child's activity in Next Up's program.



Participant Interests

Name: _____ Date: _____

Our new headquarters makes it possible for us to provide you with opportunities beyond skateboarding. It is important that we know your opinions as we plan new workshops, classes, and events. Please tell us your personal interests and passions. *Check all that apply, and mark your top 5.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Cooking | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Writing | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Videography/Films | <input type="checkbox"/> Journalism/Media | <input type="checkbox"/> Blogging |
| <input type="checkbox"/> Music | <input type="checkbox"/> Reading | <input type="checkbox"/> Yoga/Meditation |
| <input type="checkbox"/> Graffiti/Murals | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Health/Nutrition |
| <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Community Service | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> OTHER (list below) |

Do you want to graduate high school and go to college? If yes, where would you go and what would you study? If not, why doesn't it appeal to you? What would you do instead?

What do you want to be when you grow up? What is your dream career? How do you imagine your life when you are much older?

What are your best subjects in school?

1. _____

2. _____

What are your most difficult subjects in school?

1. _____

2. _____



IMAGE RELEASE

Name of Participant

I, _____ am the parent or guardian of _____ . I hereby grant and assign **NEXT UP FOUNDATION** and its respective affiliated companies, officers, directors, owners, employees, agents, volunteers, contractors, sponsors, vendors, or exhibitors and any

person or company acting under their permission and authority, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, all photographic, video and digital images as indicated below:

PHOTO/IMAGE of my child with my CHILD'S NAME, and the name NEXT UP FOUNDATION.

By signing this, I hereby release **NEXT UP FOUNDATION**, and its respective affiliated companies, officers, directors, owners, employees, agents, volunteers, contractors, sponsors, vendors, or exhibitors and any person or company acting under their permission and authority, from all claims and liability relating to said photographs, video and digital images.

Date: _____

Name of Participant:

Participant

Signature: _____

Signature of Parent or Legal Guardian if under age 18:

Print Name As

Signed: _____



YOUTH MENTORING ORGANIZATION

HOLD HARMLESS AND RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

(name of participant) _____ has my permission to voluntarily participate in programs or activities run by Next Up Foundation, in Anaheim.

I AM AWARE THAT PARTICIPATING IN THESE PROGRAMS AND ACTIVITIES CAN BE HAZARDOUS, AND I AM AWARE OF THE DANGERS INVOLVED WHICH MAY PLACE THE PARTICIPANT AT RISK FOR POSSIBLE INJURY, DEATH, OR PROPERTY DAMAGE AND I HEREBY AGREE TO ACCEPT, ON BEHALF OF MYSELF AND MY CHILD, ANY AND ALL SUCH RISKS.

In exchange for the benefits derived by my child's participation in the Next Up Foundation Programs, I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND NOT SUE THE ORGANIZATIONS AND THEIR EMPLOYEES, REPRESENTATIVES, AGENTS, SERVANTS, OR VOLUNTEERS for any liability, claims, or actions for injury, death, or damage to personal property arising out of or in connection with my child's participation in Next Up Foundation's youth programs from whatever cause including the active or passive negligence of the ORGANIZATION, their officers, employees, agents, representatives or volunteers.

As Mother/Father/Legal Guardian (circle one) of the child named above, in the event I cannot be contacted in a medical emergency involving my child, I authorize the ORGANIZATION to consent to all emergency medical care proceedings to be rendered by a duly licensed health care provider or physician including but not limited to ordering of x-rays, performing tests, administration of drugs or any other medical or surgical care to the child. I also authorize Next Up Foundation to release any medical records necessary for treatment or insurance purposes and to provide or arrange transportation services for my child necessary to provide the emergency treatment. This care may be given under whatever conditions are necessary to preserve the health and safety of the child.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Print Name Signature (parent/guardian) Date

Relationship to Youth Participant