



Application and Parent Consent Form

This form must be completed and returned to Steps Foundation, Inc prior to starting the program.

Student's Name _____ Date of Birth _____

Address _____

Phone _____ E-mail _____

High School _____ Current Grade _____

Mother's or Father's Name _____

Address _____

Cell Phone _____ Home Phone _____

E-mail _____

Best time to be reached _____

Guardian's Name if applicable _____

Address _____

Cell Phone _____ Home Phone _____

Home E-mail _____

Best time to be reached _____

Does your child have any food allergies, dietary restrictions, or serious health conditions that Steps Foundation, Inc should be aware of? If yes, please explain briefly:

Academic Concerns:

Social Concerns:

Other Concerns:

Are you able to volunteer with us i.e. meetings, outings, activities or events when called upon? Yes or No

What are your expectations of STEPS Foundation, Inc?

Please tell us about your child in a few words:

Do you have a close bond with your child? If no, please explain:

Are you willing to commit yourself to your child's success in this? Yes or No

Dear Parent/Guardian,

As part of the Steps Foundation, Inc workshops your son/daughter will be participating in workshops held at Chambers Park Community Center. Please provide us with the information requested below:

- 1) In case of emergency, list two people to be contacted:

Emergency Contact #1

Name/Relationship _____

Day/Eve/Mobile Phone _____

Emergency Contact #2

Name/Relationship _____

Day/Eve/Mobile Phone _____

- 2) Does your child have a medical condition we should be familiar with? Yes No

If yes, please describe. Use the back, if necessary. _____

- 3) Does your child require medication? Yes No

If yes, note provision you have made and any information we must be aware of.

Use the back, if necessary.

- 4) Does your child have any dietary restrictions? Yes No

If yes, please describe. Use the back, if necessary: _____

- 5) In case medical information is required, your family doctor may have to be

contacted: Family Doctor: _____

Phone Number: _____

I, _____, parent/guardian of _____, hereby give my consent to the youth's participation in the Steps Foundation, Inc workshops which may include visits to other locations (ex: library). I understand that the student may be transported by a volunteer/mentor. The student will only be transported once written consent has been provided to Steps Foundation, Inc and will only cover what the transportation consent form says.

In consideration of the permission granted to me and to the student for the student to participate in the Steps Foundation, Inc workshops we, the student and the parent or guardian, to the extent permitted by law, do hereby (1) assume any and all risk and liability for losses or damages to property and for damages, injuries or death to the student which may arise in connection with travel to or participation in activities, or functions sponsored by Steps Foundation, Inc or its affiliates, and hereby, for the student and for myself and our heirs, executors, administrators, successors and assigns, do release and discharge Steps Foundation, Inc and each of their affiliates, officers, directors, employees, volunteers, and representatives from any and all claims, actions, and liabilities arising from or relating to with travel to or participation in activities, s or functions sponsored by Steps Foundation, Inc or its affiliates, (2) grant permission for videography, photographic or audio recording of the student's participation in activities, or functions sponsored by Steps Foundation, Inc or its affiliates, and for the use of such recordings by or with the consent of Steps Foundation, Inc for promotional and educational purposes. We have carefully read the foregoing consent and release form and know and understand the contents thereof. We sign this consent and release voluntarily as our own free act with knowledge of its significance, intended to be legally bound thereby.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____