

**AFRICAN AMERICAN COMMUNITY SERVICE AGENCY**

*Modern Day Achiever Leadership Academy*

**2007-2008**

**REGISTRATION & CONSENT FORM**

**Section 1. Registration**

Registration Fee \$30.00 REC'D \_\_\_\_\_

**Please complete the following. (Print carefully.)**

Participants Name (Last) (First)	___ Female ___ Male	Age	Birthday (dd/mm/yr) / /
Home Address	Home Phone Number		
City/State/Zip	Student Email Address		
Nickname for Badge	Grade Point Average (GPA)		
School Name	Grade in School K 1 2 3 4 5 6 7 8 9 10 11 12		
School Address	Ethnicity		
City/State/Zip	School Phone number		

**Section 2. Consent**

**I. MEDICAL/EMERGENCY RELEASE AGREEMENT**

*AFRICAN AMERICAN COMMUNITY SERVICE AGENCY CANNOT AUTHORIZE MEDICAL TREATMENT, IF NEEDED, UNLESS THIS FORM IS COMPLETED AND SIGNED*

*The undersigned hereby gives permission for representatives of the (AACSA) to authorize emergency medical treatment as may be deemed necessary, while participating in the(MDALA)*

Participant Signature:	Date:	
Parent Name (print clearly)	Parent Signature (if participant is under 18):	Date:
Parent Email Address	Parent Daytime Phone and Cell Phone	
Insurance Co.:	Hospitalization Insurance Policy #:	

## II. CONFIDENTIALITY AGREEMENT

As a participant in the (**AACSA/MDALA**) I agree to protect and preserve all confidential information to which I may be exposed. Confidential information is information, which is not generally known to others and includes information received from outside parties.

Specifically, I agree to the following:

I will not copy, nor remove any confidential information from the premises except as specifically approved by an authorized **AFRICAN AMERICAN COMMUNITY SERVICE AGENCY** representative.

I will not disclose to any third party any confidential information. I will use reasonable precautions, at least to the same extent I would use to protect my own confidential information to preserve and protect such confidential information while in my possession or which comes to my attention during my association with the Institute.

My obligations of confidentiality under this agreement will continue throughout the course of the Institute.

My signature indicates my agreement with the conditions herein.

Participant Signature:	Date:
Parent Signature (if participant is under 18 years of age):	Date:

## III. VIDEO, PHOTOGRAPHY AND STUDENT COMMENT RELEASE

This will confirm that I, \_\_\_\_\_ have agreed to release all said rights to any photography or video taken in connection with the AFRICAN AMERICAN COMMUNITY SERVICE AGENCY. I understand that in proceeding with said photography or video the producer will do so in full reliance on the foregoing permission. I also release all said rights to any comments on quotes, which may be used in connection with corporate newsletters, industry publication, newspapers.

I expressly agree to release AACSA, its members and agents, of any and all claims which I have or may have for invasion of privacy, defamation, or any other causes of action arising out of production, distribution, broadcast, exhibition or any other use whatsoever of photography, video or comments on students.

Participant Signature:	Date:
Parent Signature (if participant is under 18 years of age):	Date:

#### IV. RELEASE AGREEMENT

In consideration of your allowing your student to participate in this program, I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, give my permission for her/his participation in the **AFRICAN COMMUNITY SERVICE AGENCY**. I give permission to the Institute to act on my behalf in the event of a medical emergency. On behalf of \_\_\_\_\_ and for her/his parents and family, I hereby release, waive, and agree not to assert any claim of any sort, including claims, losses, or damages on account of any injury, death or damage to property, against the Institute of any of its members, member firms, sponsors, advertisers, owners and lessees of any premises, or volunteers participating in this event relating to any accident, event or mishap that occurs in connection with \_\_\_\_\_'s participation in the event.

#### In case of emergency, notify:

Name	Day Phone
Relationship	Weekend Phone
Cellular	Pager

Any known allergies or other medical/health risks or special needs:

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#### Student Responsibility for Attendance:

It is understood that if student is required to be excused for the regular school day she/he will be responsible to make prior arrangements with the school in accordance with school policies.

*I realize that if I am selected, I am committed to fulfilling all requirements of the program, including full attendance all ten (10) days of the **MODERN ACHIEVER LEADERSHIP ACADEMY**.*

Participant Signature:

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Date:

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## V. AGREEMENT TO PARTICIPATE

In order to provide a fun and high quality learning experience, we have created a diverse ten-day (30) day program for you. Below is an overview of what to expect. Please review the expected behaviors/ planned activities, and sign at the bottom to indicate your ability and willingness to participate fully. Return the form ASAP. If you have any questions or require special accommodations, please contact me at your earliest convenience.

Rasheed, Program Coordinator (AACSA)  
408-292-3157 Cell: 650-669-0458  
sjaacsa@pacbell.net

### Behaviors:

- Positive attitude
- Attendance – on time, each day
- Professional behavior
- Participates by asking questions, working with team members
- Displays interest in coursework

### Activities:

- Increase social awareness
- Effective conflict resolution discussion
- Develop effective male/females relationship concepts
- Provide academic enrichment
- College Preparation and guidance
- Verbal communication skills – individually and in groups
- Developing healthy lifestyles
- Leadership Skill Development
- Financial Education
- Multicultural Awareness

\_\_\_ Yes! I agree to display the desired behaviors and to participate fully in the activities listed above.

\_\_\_ No, I cannot agree to the above listed behaviors and activities.

\_\_\_ I request special accommodations to participate (please include any dietary restrictions).  
Accommodations requested are:

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

Participant Signature:

Date:

Parent Signature (if participant is under 18 years of age):

Date:

**VI. Pick/Up and Release Section:**

**EMERGENCY CONTACT INFORMATION & ALTERNATE PICKUP**

Authorized persons other than parents/guardians to be called in case of emergency or alternate pickup.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Insurance Co:	Hospitalization Insurance Policy#	