

MENTORSHIP PROGRAM REGISTRATION

Please provide the following information for our (Coalition for Justice Unity Equity) records. If you have previously provided us with this information, you may not be required to complete this form again unless your information has changed. Please Inquire. Each program requires a new registration form seasonally.

NAM	E:				N	lale	Female		
		FIRST		LAST					
DATE	OF BII	RTH:/ //	DD	HEALTH CARD #:					
ADDF	RESS:_								
CITY:			POSTAL CODE						
TELEF	PHONE	#	E-MAIL A	DDRESS:					
			EMERGENCY CONTACT	「/ Parents info if ur	nder 16yrs				
NAME	:		NAME:	NA	ME:				
RELATION:			_RELATION:	REI	LATION:				
WORK	PHONE	#:	_WORK PHONE #:	но	ME PHONE #:				
CELL P	HONE #:	:	_CELL PHONE #:	от	HER PHONE #:				
~	~	~ ~ ~	~ ~ ~	~ ~	~ ~	~ ~	~ ~~		
AUTH	IORIZA	ATION:							
YES	NO	Do you have any special n	eeds that we need to kn	ow about?					
If YES	If YES, please specify:								
YES	NO	Do you have allergies?							
If YES	S, pleas	se specify:							
YES	NO	Do you carry an Epi Pen?							
YES	NO	Do you take medication?							
If YES	If YES, please specify:								
YES	YES NO I give permission to be photographed. Photographs may be used in promotional material.								
movii	ng phot	hip Program reserves the right ograph for promotion, marke ting from its use of the photo	ting, and social media. The	Mentorship Program					

PROGRAM NAME:

PROGRAM GUIDELINES:

ATTENDANCE: Programs will be held at, Coalition Classrooms, 3735 King St Windsor ON, and University of Windsor.

- Our "Drop-In" programs do not include or require parent participation for students older than 16yrs.
- All participants must sign in and out.
- Please be on time.
- All absentees must be reported before the day. 2x no report, students removed until next season.

FOOD: For full day programs or summer camps, students must bring their own lunch that does not require refrigeration. We will also provide a light snack.

• Students are not allowed to share their food with any other members of the program.

VISITORS: Anyone Not registered in a program must report to our office before coming to classrooms.

- Parents are asked to leave during our programs unless stated otherwise.
- Please Stay Home when You are feeling ill.
- If you decide to leave the program, please inform the mentor prior to the start of the specific session.

CLOTHING: Please ensure that you come dressed appropriately.

PROGRAM POLICIES:

- Pre-registration is required prior to the start of all programs and workshops.
- Drop-in classes do not require pre-registration. (No Drop In Classes available at this time)
- Programs require a minimum number of students to proceed. If a course is cancelled, registrants will be given notice.
- During class time, the mentor and/or assistant(s) will always supervise the students.
- If you have special learning requirements, please talk to program mentors when registering.
- **Zero Tolerance:** Any person who inflicts physical or verbal harm onto another person will be expelled from the program immediately and remain suspended until contacted by the program Director.
- All Day Trips require a consent form from parents/guardian. We provide form.

In registering with our programs, the person named on this form will attend the Mentorship Program at CJUE OFFICE, 3735 KING ST WINDSOR ON, I, or the undersigned parent/guardian hereby agree as follows:

- 1. I understand that some program activities may have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree not to hold the Sandwich Teen Action Group, Coalition for Justice Unity Equity, Windsor Police Services or any of its program staff, mentors, or volunteers responsible in the event of an injury.
- 2. I understand and agree with the Mentorship Program Policies as stated above.

Student/Parent/Guardian	Date	Signature	
Printed Name			







