



Mentee Application 2019

Full Name of Youth: _____

Date of Birth: _____ (MM/DD/YYYY) Age/ Grade _____

Youth Address (City, State, Zip Code)

Mentee Requirements

- **Must be between the ages of 5 and 18.**
- **Must be able to make at least 90% of meetings and outings throughout the year (Every 4th Saturday of the month)**
- **\$10 registration fee**

Does your child meet these requirements? Circle Yes / No

Parent Full Name: _____

Employer: _____

Work Phone: _____ Home Phone _____

Cellular Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Number: _____

Relationship to Child: _____

What are your child's needs? What do you want her to gain from the program?

How can mentoring help?

Photography Release Authorization

I hereby authorize For God She Lives to publish photographs taken throughout the duration of summer camp of myself and/or the minor child or children listed below, and our names and likenesses, for the use in For God She Lives print, online and video-based marketing materials, as well as other publications.

I hereby release and hold harmless For God She Lives, Life Outreach Restoration Center, and The River of Life Church from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize For God She Lives to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child and/or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in camp marketing materials or other camp publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release For God She Lives, its contractors, its employees and any third parties involved in the creation or publication of camp publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed in this application.

I agree I disagree

Authorization

I agree that this I hereby give consent for my child to participate in the For God She Lives mentoring program and all activities unless I advise you in writing. I give For God She Lives permission to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless the For God She Lives and its officers, mentors or volunteers from any liability concerning our child's involvement in the For God She Lives mentoring program and further agree that the use of all For God She Lives facilities are made at the risk of the registrant.

In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

I agree I disagree

Print Name _____ Signature _____

Today's Date: _____