



The Benchmark Kappa Youth Leadership Institute

Print Name in Full _____ Age _____ Grade _____
(Last) (First) (Middle)

Present Address _____ Telephone Number _____
(Street) (City) (State) (Zip)

Date of Birth _____ Email Address _____

1st Parent/Guardian: _____ Relationship: _____ Cell Phone #: _____

Parent's Email Address: _____ Can you receive text messages? Yes No

2nd Parent/Guardian: _____ Relationship: _____ Cell Phone #: _____

Parent's Email Address: _____ Can you receive text messages? Yes No



Emergency Contact Information

In case of an emergency and parent/guardian cannot be reached, please notify:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone #</u>	<u>Work Phone #</u>

Educational Background

<u>Name of School</u>	<u>Street Address</u> <u>City/State/Zip</u>	<u>Principal</u>	<u>Phone</u>	<u>GPA</u> (based on 4.0 scale)
Middle School				
High School				

Higher Education Aspirations

List Colleges/Universities/ Technical Schools you are interested in attending:

What are your career aspirations?

Community Involvement

List Honors and Outstanding Achievements you have received:

List community organizations, which you have been involved:

List any other school activities (varsity athletics, student government, volunteer work, etc.) you have been involved in:

List any hobbies or interests:

MEMBER ACKNOWLEDGMENT

I wish to participate in the Baltimore Alumni Guide Right Foundation Kappa League program. I promise to be careful to prevent damage to any other buildings that may be used while participating in activities with the Guide Right Foundation Kappa League program. I also agree to obey the rules of the Baltimore Kappa League program, and that at any time I can/will be expelled from the Guide Right Foundation Kappa League program for conduct that is detrimental to the program.

MEMBER SIGNATURE _____

DATE _____

“I HEREBY REQUEST THAT SPONSORS, REFERENCES, PREVIOUS AND CURRENT EMPLOYERS CONTACTED BY BALTIMORE ALUMNI KAPPA LEAGUE IN CONNECTION WITH THIS APPLICATION, FULLY RESPOND TO ALL INQUIRIES CONCERNING ME AND SPECIFICALLY WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF INFORMATION PERTAINING TO MY CHARACTER, PERSONNEL RECORD INFORMATION, INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMANDS OR OTHER DISCIPLINARY ACTION. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION, I RELEASE MILWAUKEE GUIDE RIGHT FOUNDATION, INC. AND SPONSORS, REFERENCES, PREVIOUS AND PRESENT EMPLOYERS OF ANY CLAIMED LIABILITY ARISING OUT OF SUCH RESPONSE AND DISCLOSURE.”

“I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEGDE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENT OR INFORMATION FURNISHED BY ME MAY RESULT IN AUTOMATIC REJECTION. IN THE EVENT THAT I AM APPROVED FOR PARTICIPATION IN THE BALTIMORE KAPPA LEAGUE, I AGREE TO COMPLY WITH ITS RULES AND REGULATIONS. I HEREBY AUTHORIZE MY SPONSORS, REFERENCES, PREVIOUS, AND PRESENT EMPLOYERS TO GIVE ANY INFORMATION REGARDING ME.”

What do you expect to gain from your participation in the Baltimore Guide Right Kappa League?

APPLICANT SIGNATURE: _____

DATE: _____

For Statistical Purposes

Number of Persons Living in Household: _____

Youth Lives With: Mother Father Both Grandparents Other _____

Nationality: Black White Hispanic Asian Other

Please list any medical conditions or allergies (include food allergies) your child has that we should be aware of:

Does your child have a hearing problem? Yes No If so, does he wear a hearing aid? Yes No

Does your child have a vision problem? Yes No If so, does he wear glasses? Yes No

Does your child receive free or reduced lunch? Yes No

Has your child ever been convicted of a misdemeanor or felony? Yes No If so, complete the following: (Do not include minor traffic violations)

DATE:	OFFENSE:	PLACE :	DISPOSITION:
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Baltimore Alumni Kappa League

PHOTO RELEASE

I give permission to the Baltimore Alumni Chapter of Kappa Alpha Psi to use or release any photos of my child, taken for the purpose of promoting the Fraternity and its Guide Right Program.

PARENT/GUARDIAN SIGNATURE _____

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the Baltimore Kappa League Advisors to obtain my consent, I hereby give permission for Baltimore Alumni Chapter of Kappa Alpha Psi to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

Hospital/Urgent Care Facility: _____

Primary Care Physician's Name: _____

Phone #: _____

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the Baltimore Alumni Guide Right Kappa League program. I fully accept and acknowledge the activities may involve risk, or danger of bodily injury, and I hereby assume the risk and responsibility for all dangers and risk associated with the participant in the activity.

I acknowledge that Baltimore City, Maryland, Baltimore Alumni Kappa League, Kappa Alpha Psi Fraternity, Inc. and their respective employees, directors, officers, volunteers, members and other participants, entity, party or person involved in any regard with the activity or the premises shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses damages, or expenses associated with, in whole or part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct.

I understand that children are free to leave the program at any time. I agree to immediately update this application when any of the information changes.

Child's Name: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE _____\

