



# 2021 MBK Programming Registration Form

Phone: 864-266-3157 | Website: [www.mbkasc.org](http://www.mbkasc.org) | Email: [mbkasc@gmail.com](mailto:mbkasc@gmail.com)

## Circle Program You Are Applying For:

**EMPOWER Leadership Institute** | **Mentoring Club** (*Aban Aya*) | **Gardening Club**  
**Youth & Community Talk Series** | **OSK Girls Initiatives** | **Carolina Book Club** |

*(Please Print Clearly)*

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (M): \_\_\_\_\_

School: \_\_\_\_\_

Grade/Age: \_\_\_\_\_

Email: \_\_\_\_\_

Hobbies: \_\_\_\_\_

### Virtual Capacity & Accessibility

Do you have wireless connection (Wi-Fi) or data to access the internet in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a Personal Computer, Laptop, Tablet, or Cellphone? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian(s) Full Name: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_

### Emergency Contact Information

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

### PARENTAL PERMISSION

We the parents/guardians will not hold Retread Initiative, MBKASC, or MBK Camp Staff responsible for any accident that may happen while your child is at camp. I hereby give my consent for his/her participation in the EMPOWER Youth Leadership Camp.

I understand that every effort will be made to contact me in the event that such an emergency takes place. I therefore release any and all rights or claims for damages against Retread Initiative, MBKASC, and all individuals assisting in instruction or conducting these activities, for any and all injuries, loss, or damages suffered.

**PHOTO/VIDEO RELEASE:** I grant My Brother's Keeper permission to use images of my child taken at MBK Programs and Camps for promotional purposes with no compensation. Due to COVID\_19 some of our camps will be offered virtually in which declining could potentially impact your child participation in segments of our programs. \*\*\* (Initial to Decline: \_\_\_\_)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:		
Date Received:	Organization:	A/R: