

The Mentors Project Summer Program 2023

Date: _____

Student's Name _____ Grade _____ School Name _____

Student's Name _____ Grade _____ School Name _____

Student's Name _____ Grade _____ School Name _____

Parent's Name _____ Address _____

Phone Number _____

I, _____, the undersigned parent/guardian of _____, does hereby grant permission for him/her to attend: **The Mentors Project Academic Summer Program 2023**. The program is **June 5th – June 15th from**

8:00 am to 12 pm at Ballard Hudson Middle School. Breakfast and Lunch will be served to all students.

Is transportation needed? **Yes** **No** (Based on availability and first come first served)

Emergency Contact Person _____ Contact Number _____

Relationship to Student _____

Student can be transported by: _____

Allergies _____

Insurance Card

Number _____

In an **emergency**, when either myself or the person named above cannot be reached, I hereby authorize the adult in charge to take any action believed necessary for the best interest of my child including emergency room treatment.

Signed: _____ Phone numbers: _____

*****ALL participants must have a signed parental release and waiver form and copy of insurance card.*****



OFFICE USE ONLY

Yes No

Application _____

Release Waiver _____

Insurance Card _____

Signature _____