



Tap In Leadership Academy
Educate ♦ Equip ♦ Empower

KICK BACK LOUNGE (KBL) REGISTRATION

STUDENT INFORMATION

Name: _____ Gender: _____ Birth Date: _____
Home Language: _____ Race: _____ Grade: _____
School: _____ School ID: _____
Home Address: _____ City: _____ Zip: _____
Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

PARENT/GUARDIAN INFORMATION

Mother/Female Guardian: _____ Father/Male Guardian: _____
Relationship: _____ Relationship: _____
First Language: _____ First Language: _____
Email Address: _____ Email Address: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____

Student lives with (check all that apply) [] Mother [] Father [] Guardian

EMERGENCY CONTACTS

In the event that the parents/guardians cannot be reached, Tap In will call the individuals listed below. Individuals listed are authorized to: 1) **give permission** to administer health care; 2) **pick up your child** if your child is ill; and 3) **give advice** about caring for your child.

Name: _____ Name: _____
Address: _____ Address: _____
Cell phone: _____ Cell phone: _____
Work phone: _____ Work phone: _____
Relationship to student: _____ Relationship to student: _____



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HEALTH INFORMATION

Physician: _____ Phone Number: _____
Medication(s) being taken by student: _____
Physical conditions (allergies, diabetes, etc.): _____

If I, my child’s emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees, or legal representatives to obtain emergency medical care for my child while under the school’s care including transporting or sending my child to an available hospital or physician.

Parent/Guardian Name **Parent/Guardian Signature** **Date**

PAYMENT INFORMATION & HOURS

\$10 Non-refundable registration fee required of all applicants

The KBL will be open on: Fridays from 6pm to 12am, Saturdays from 12pm to 12am and Sundays from 2pm to 8pm. Entry to the KBL is:

\$5 for every 3 hours that a student spends at the KBL

HOW DID YOU GET TAPPED IN?

_____ My Child is a Past Scholar _____ Referred by a Friend
_____ School Open House/Registration Day _____ Referred by a Teacher
_____ Social Media _____ Billboard _____ Another Website
(If so, please list which below)

Other: _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.



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PHOTO/VIDEO RELEASE

I hereby grant Tap In Leadership Academy (Tap In) the irrevocable right and permission to use photographs and/or video recordings of _____, on all Tap In’s and affiliates’ websites, in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to my scholar and/or family.

I understand and agree that such photographs and/or video recordings of my scholar may be placed on the Internet. I also understand and agree that I/he/she may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of my scholar. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the Tap In.

I hereby release, acquit and forever discharge Tap In, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

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If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian