

**SUMMER ENRICHMENT PROGRAM:**

**REGISTRATION FORM & PHOTO RELEASE AGREEMENT:**

**SUMMER 2025**

**CHILD’S INFORMATION:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Birthdate: \_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Shirt Size: (Please Circle) YS YM YL YXL AS AM AL AXL AXXL

**PARENT/GUARDIAN INFORMATION:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Authorized Person to Pick Up Child: Your child will only be released to a parent/guardian or persons listed in this section Staff will require a government issued identification before releasing your child.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Home Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Note: If there are any custody issues involved with your child, you must provide GGCP INC with court papers including who has permission to pick up the child***

**Payment Options: For more information contact:**

\*\* Cash Jerome Moss (330) 869-8816

\*\*Cashapp: $GGCPINC ggcpinc7@gmail.com

\*\*Zelle

\*\*PayPal.me: jr.moss7@gmail.com

\*\*Checks/Money Orders made out

to: Guys and Gals Community Partnership Inc.

**YOUTH PHOTO AND WAIVER OF LIABILITY RELEASE FORM:**

In consideration of participation in the Guys & Gals Community Partnership Inc. (GGCPINC) **Summer Enrichment Program**—which includes athletic activities, educational workshops, life skills training, and related events—the undersigned acknowledges and agrees to the following:

1. **Media Release**: I grant permission for GGCPINC and its representatives to take photographs, videos, or written testimonials of my child or myself during program activities. These materials may be used, without compensation, in promotional materials, social media, publications, or the GGCPINC website to highlight the program’s impact.
2. **Acknowledgment of Risk**: I understand that participation in program activities involves inherent risks, including potential injury, disability, or even death. While safety measures are in place, these risks cannot be entirely eliminated.
3. **Assumption of Risk**: I knowingly and voluntarily assume all such risks, both known and unknown, and take full responsibility for my participation or that of my child.
4. **Code of Conduct**: I agree to follow all program rules and safety guidelines. If any unsafe condition or behavior is observed, I will immediately notify a program official and remove myself or my child from the activity if needed.
5. **Release of Liability**: I, on behalf of myself, my child, and our representatives, release and hold harmless GGCPINC, its staff, volunteers, sponsors, and partner organizations from any liability related to injury, loss, or damage resulting from participation in the Summer Enrichment Program, whether arising from negligence or otherwise.

I have read and fully understand this waiver and sign it voluntarily.

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_