



## Participant Form

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Youth: Mother Father Other, Specify: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Youth Age: \_\_\_\_\_

Ethnicity:  White  Hispanic  African American  Asian  Other \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Medical History

Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_

• Does your youth have any physical problems or limitations?  
 Yes  No If yes, please explain: \_\_\_\_\_

• Is your youth currently receiving treatment for any medical issues?  
 Yes  No If yes, please explain: \_\_\_\_\_

• Is your youth currently on any type of medication? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Does your youth have any known allergies or adverse reactions to medications? If yes, please describe them below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Does your youth have any emotional or behavior issues we should be aware of?  
 Yes  No If yes, please explain: \_\_\_\_\_

• Is your youth currently seeing a counselor or therapist?  Yes  No

Therapist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Parent Permission Form/Hold Harmless Agreement

My Daughter's Keeper of Tampa Bay, Inc. (MDK of Tampa Bay, Inc.) appreciates you and your daughter's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the Mentoring Matters Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

- I, the undersigned, acknowledge and give approval for my child to participate in programs or receive services through MDK of Tampa Bay, Inc. By signing this Parent Consent Form/Hold Harmless Agreement, I am giving permission for my child to volunteer and/or participate in activities hosted by MDK of Tampa Bay, Inc. I also grant MDK of Tampa Bay, Inc. permission to use photographic images of my child for media or promotional purposes only.
- I understand that all information pertaining to my child's participation will be protected by regulations that govern the exchange of confidential information. I further understand that I can revoke this consent at any time if requested in writing, except to the extent that the agreement has already been acted on by MDK of Tampa Bay, Inc. and/or its affiliates.
- I understand that even when every reasonable precaution is taken, accidents can sometimes occur. Therefore, in exchange for MDK of Tampa Bay, Inc. allowing my child to participate in its programs, I understand and expressly acknowledge that I release MDK of Tampa Bay, Inc., its board and staff members, volunteers, host venues, and consultants from all liability for any injury, loss or damage connected in any way whatsoever to my child participation in MDK of Tampa Bay, Inc. programs, whether on or off the MDK of Tampa Bay, Inc. premises. I understand that this release includes any claims based on negligence, action or inaction of MDK of Tampa Bay, Inc., its staff, directors, volunteers and consultants.
- I hereby acknowledge that my child could be transported by her mentor and/or MDK of Tampa Bay, Inc. staff or representatives while participating in the Mentoring Program, and that such transportation is voluntary and at her own risk.
- I release MDK of Tampa Bay, Inc. of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any MDK of Tampa Bay, Inc. staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.
- I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed.
- I hereby grant permission for My Daughter's Keeper of Tampa Bay, Inc. to make contact with my child and conduct a personal interview for the purposes of applying to be a participant or mentee. My Daughter's Keeper of Tampa Bay, Inc. may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.
- I authorize My Daughter's Keeper of Tampa Bay, Inc. to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.
- I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions. I have read and am voluntarily signing this parental consent form and agreement on behalf of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Photo Release Form – Adult

I hereby grant permission to use photographs or to be photographed, voluntarily and without compensation, in print or online materials designed for news, informational or educational purposes related to **My Daughter's Keeper of Tampa Bay, Inc** understanding that the same is intended for publication by print media, newspaper or video.

I additionally consent to the use of my name in connection with the publication by print media, newspaper, video, or of photographs taken of me.

I hereby release and discharge **My Daughter's Keeper of Tampa Bay, Inc.** from any and all claims arising out of the use of the photos, or any right that I or the minor may have.

_____	_____
First Name	Last Name
_____	
Street or Mailing Address	
_____	_____
Telephone Number	Email Address
_____	_____
Signature	Date

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## Photo Release Form – Minor

I hereby grant permission to use photographs of my minor child in print or online materials designed for news, informational, educational or promotional purposes related to **My Daughter's Keeper of Tampa Bay, Inc.** voluntarily and without compensation.

I additionally consent to the use of my child's name in connection with the publication by print media, newspaper, and video or of photographs taken of him /her.

_____	_____
Child's First Name	Child's Last Name
_____	_____
Parent/Guardian First Name	Parent/Guardian Last Name
_____	
Street or Mailing Address	
_____	_____
Telephone Number	Relationship to Minor
_____	_____
Parent/Guardian Signature	Date