



BE A LEADER FOUNDATION

MEMBERSHIP INFORMATION FORM

1715 W. Northern – Suite 104
Phoenix, AZ 85021
Phone: 602.758.8000
FAX: 602.274.3935
www.bealeaderfoundation.org

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. (*Denotes required information)

Member Information (Please Print)

Legal Name (First & Middle Name)*

Last Name*

School*

Student ID Number*

Grade*

Date of Birth*

Gender*

- Male
 Female

Ethnicity (check all that apply)

- African American Native American
 Caucasian Hispanic/Latino
 Other: _____ Asian

Career Interest

- S.T.E.M Business
 Medical Education
 Law Other: _____

Member Contact Information

Address*

City*

State*

Zip Code*

E-mail *

Phone Number*

Parent/Guardian Information

Full Name (First & Middle Name)*

Last Name*

Phone Number*

E-mail *

Do you receive free/reduced lunch?

Yes No

Did either of your Parents graduate from a four-year College or University?

Yes No

Additional Information

Current Be A Leader Program (Check One)

- Be A Leader High School
 Roosevelt 7th Grade Elementary
 Roosevelt V-Club
 Murphy V-Club
 Valley of the Sun V-Club
 Senior Boot Camp

Previous Participation in a Be A Leader Program

- Be A Leader High School Yr. _____
 Roosevelt 7th Grade Elementary Yr. _____
 Roosevelt V-Club Yr. _____
 Murphy V-Club Yr. _____
 Phoenix Elem./ASU Prep V-Club Yr. _____

Membership Status: New Updated

Date Entered: _____

Entered by: _____



BE A LEADER FOUNDATION PARENT CONSENT FORM

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Parent Initials

_____ Indemnity and Assumption of Risk Statement: I grant permission for my student to participate in the activities related to Be A Leader Foundation (BALF). This release, indemnity and assumption of risk statement covers all events and occurrences associated with the activities, including travel between activities, participation and observation as long as my child participates in BALF programs and activities.

_____ For myself and behalf of student, I agree to assume the risk of unexpected events may occur and result in harm, injury, or illness to student or damage to or loss of property while student is participating, observing, or traveling to or from the activities. I agree not to sue BALF or School District for any harm or damage associated with student's participation or observation or other items covered in this release if there is harm or damage. I also agree to indemnify BALF and School District for all damages or injuries that are the responsibility for student's personal safety.

_____ I consent to the provision of emergency medical treatment for student to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

_____ In this agreement "BALF" means Be A Leader Foundation, its employees and volunteers. School District means student's school district, its employees and volunteers.

In Addition:

_____ I hereby authorize BALF to release my GPA and Member Form information for the purposes of the evaluation, recruitment, public relations, and/or related activity.

_____ I hereby authorize BALF and School District to publish my profile including my name and school attending for use of BALF's marketing collateral materials and website. I also agree to update my profile on an annual basis.

_____ I consent for BALF to administer pre/post surveys to my child while he/she is participating in BALF programs. I understand that these results are helpful in evaluating the effectiveness of the program, the information is strictly confidential and that copies of the surveys are available to me upon request.

_____ I hereby grant BALF and School District permission to use my likeness in a photograph in any and all of its publications, including website entries and BALF Social Media outlets, without payment or any other consideration.

_____ I have read the completed application, understand the rules to my son/daughter and agree that the Be A Leader will not be responsible for any accident to the boy/girl while on the Be A Leader premises or while engaged in any of its activities away from the Be A Leader. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Be A Leader may care to use them.

_____ Please Print Parent/Guardian Name

_____ Please Print Member Name

_____ Parent/Guardian Signature

_____ Member's Signature

_____ Date

Please note this Parent Consent Form can also be filled out and signed via our online e-form at
<http://bealeaderfoundation.org/parentconsentform>