

The Prince Complex Afterschool Program 2007-2008

All Information is kept confidential

General Information

 First Name Middle Name Last Name

 Address City State Zip

 Home Phone Mobile Phone Work Phone

Gender: ____ Female ____ Male Age: ____ Date of Birth: _____

Education (for information purposes ONLY)

School Attending: _____ Grade: _____

Statistical Information

African-American _____
 Latino/Hispanic _____
 Caucasian/Anglo _____
 Other _____

Native American _____
 Asian American _____
 Indian/Middle East _____

Family Information

Name	Mother:	Father:
Occupation		
Education (Please circle highest level completed)	Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 BA/BS Masters	Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 BA/BS Masters
Primary language spoken at home		

Parent/Guardian Consent Form

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

I, the parent or guardian of the above-named child, hereby register him/her for participation in The Prince Complex, Inc Afterschool Program and fully agree to the rules and regulations of The Prince Complex and do hereby release The Prince Complex and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardian, releases The Prince Complex from all responsibilities from injuries of any nature incurred while participating in the afterschool program. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.

Emergency Medical Treatment

In the event _____ (student's name) becomes ill or sustains injury while in the care of or under the supervision of the afterschool program coordinators or other Prince Complex representatives, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: _____ Phone: _____

Address: _____ City _____ Zip _____

Allergies _____ Medication: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE

Name of Parent/Guardian (please print) Date_____
Parent/Guardian Signature

Media Release Form

This agreement is made and entered as of September 10, 2007 – May 26, 2008 by and between The Prince Complex with headquarters at 3000 Jensen Drive, Houston, TX 77026 and _____.
(student's name)

I hereby grant permission for The Prince Complex to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, World Wide Web, Internet Website, Email, FTP, computer, network, and digital reproduction and distribution, for illustrations, art promotion, advertising, trade sales or any purpose whatsoever.

I hereby agree to hold harmless The Prince Complex from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date