

Registration Form

Participant's Name: _____ School: _____

Age: _____ Date of Birth: _____ Grade: _____

Parent #1 name: _____ Parent #2 name: _____

Parent #1 cell: _____ Parent #2 cell: _____

Address: _____

Home Phone: _____

Parent 1's Work Phone: _____ Parent 2's Work Phone: _____

Emergency #: _____

Parent's Email: _____

My child has permission to participate in the Burmese Peer Mentorship & Tutoring Program. In case of an emergency, I can be reached at the phone number(s) listed above. I agree to allow the Institute for Myanmar United (IMU) and/or the Syracuse Myanmar Baptist Church (SMBC) to use any photographic image of my child taken at said program. These images may be used in social media promotions, newspaper articles, brochures, newsletters, or other related materials.

The undersigned hereby assumes all risk of injury or harm as a result of the activities specified above and agrees to release, indemnify, defend, and forever discharge the releasee from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, or damage to the undersigned.

Parent's Signature: _____ Date: _____

Dismissal Consent Form

This form will serve as an authorization for any adult whom you designate to pick up your child from the Institute for Myanmar United and Syracuse Myanmar Baptist Church Burmese Peer Mentorship & Tutoring Program.

Please list your name (as #1) and all other authorized adults to whom you give permission as #2, #3, #4, and #5.

Participants will be released only to persons you authorize. **The person picking up your child(ren) must present a valid photo ID** (such as a driver's license) to the staff and be listed below. If plans change and someone not listed on this form needs to pick-up your child, inform the Program Director prior and send **WRITTEN PERMISSION** with the person picking up your child.

Child's Name: will be picked up at IMU/SMBC Burmese Peer Mentorship & Tutoring Program by (please print the name of any Parent/Guardian or adult, authorized to pick up the child at the end of his/her day or any given time they leave).

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature: _____ Date: _____

