

Urban Youth Initiative

Summer Program Application

Participant Information

Full Name: _____ Class: _____
Last First M.I.

Parent/
Guardian
Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Parent/
Guardian
Phone: _____ Email _____

Please indicate a condition in which UYI will not have permission to photograph your child: _____

Disclaimer and Signature

I understand that this form is intended to grant permission for the named participant to attend a Summer program under the supervision of UYI's afterschool partner, LeAp NYC. I further understand that this program will be facilitated by staff from the Urban Youth Initiative Project Olympiad program.

This program is held Monday-Friday from 10:00am to 4:00pm. The program begins Monday, July 6, 2015 and concludes on Friday, July 31, 2015.

The program will be held in JHS 125, located at 1111 Pugsley Ave, Bronx NY 10472. Advance permission will be sought if the program will not be in the building.

Signing this form grants LeAp and UYI permission to use the image of your child, for promotional purposes only, unless a disallowance is indicated in the space provided above.

Signature: _____ Date: _____