



Urban League of
Palm Beach County, Inc.

Empowering Communities.
Changing Lives.

Project Ready NULITES 2019-2020

Participant Registration

(To be completed by Parent/Guardian on behalf of the child)

Participant Information

Participant Name: _____ Date: _____
Last First M.I.

Date of Birth: _____ Age: _____ Gender: Male Female FTM MTF Other _____

Student # _____ Address: _____
Street Address Apartment/Unit #

City State Zip Code

Primary Phone: _____ Cell Phone: _____

Emergency Contact Name and number: _____

School Attending: _____ Grade: _____

Family Size: _____ Annual Family Income: _____ Email Address: _____

Race: Black/African American White Bi-Racial Multiracial Asian/Pacific Islander
 Hispanic/Latino/a Native American/American Indian Other

Parent/Guardian Information

Name: _____
Last First M.I.

Parent/Guardian Occupation _____

Child currently resides with: Mother Father Both Parents Other: _____

Grade/Conduct Release

I hereby grant permission for my child's school to release attendance, conduct records, and grades to the Urban League of Palm Beach County, Inc. I understand ULPBC uses the participants' information to improve their participation in the program.

Signature of Parent/Guardian

Date

Youth Project Consent Form

Your child has been chosen to participate in the NULITES Program at **Urban League of Palm Beach County, Inc.** Program participants, with the guidance of **Urban League of Palm Beach County, Inc.** staff will explore their goals for the future and participate in activities to prepare them for college, work, and life. Your child will be involved in service learning projects in the community to further their preparedness. The program promotes progress in school and avoidance of behaviors which may hinder your child's most successful growth and achievement.

Please initial the consent below

Consent to Participate in the NULITES Program. I, the undersigned, am the Parent or Guardian of the child named below who is to participate in programs provided by **Urban League of Palm Beach County, Inc.** during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned above to participate in all aspects of the program (including field trips and transportation) under the supervision of **Urban League of Palm Beach County, Inc.** staff. Agency staff will accompany off site activities. I agree to hold harmless and indemnify **Urban League of Palm Beach County, Inc.**, its Board of Trustees, and/or its employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns.

_____ **Yes** _____ **No**

Consent to Use Photographs I give my consent to **Urban League of Palm Beach County, Inc.** to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she/they will only be identified by first name.

_____ **Yes** _____ **No**

Child's Name

Parent or Guardian Signature
OR Teen signature if 18 or over or emancipated

Print Name

Date

Contact Information:
Tomas Evangelista
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