



G3 PROGRAM APPLICATION

Please fill out completely

Student Information

Full Name: _____

Nick Name: _____ **For multiple children see page 3.**

Age: _____ Date of Birth: _____ Race: _____ Gender: _____ M _____ F

School: _____ Grade: _____

Lunch: (Please Check) Free: _____ Reduced _____ Neither: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Food Allergies? _____ Disabilities/Special Notes: _____

Parent/Guardian Contact Information

Name: _____ Email: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

*Which is the best way to contact you? (Please circle one) Phone Email Text

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Household information

Child lives with: ___ Mom ___ Dad ___ Grandparent ___ Other

Number in household: _____ Current Single Parent: _____ Yes _____ No

Household income: \$0 - 20,000 ___ \$20,000 - 40,000 ___ \$40,000 - 60,000 ___ \$60,000 - 80,000 ___ \$80,000+ ___



Parental Consent

I give consent for my child, _____, to Participate in the Youth fitness training programs and/or recreational activities workshops, and field trips provided by G3 Life Applications, Inc.

Parent's Name _____ Signature _____ Date _____

Waiver & Release of Liability Minor

In consideration of _____ (child/ward name) being allowed to participate in any way in G3 Life Applications, Inc. fitness training and recreational programs, the undersigned acknowledges that:

- 1) For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the participants, spectators, administrators, or others, and assume full responsibility for my child's participation; and
- 2) If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
- 3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, RELEASE AND HOLD HARMLESS G3 Life Applications, Inc.; it's directors, officers, volunteers, employees, other participants, and if applicable sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, with respect to any and all liabilities incidents, injury, disability, death, or lessor damage to person or property incident to my or my child's/ward's involvement or participation in these programs, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent's Name _____ Signature _____ Date _____

Photo/Video Release

G3 Life Applications, Inc. has my permission to take, use, re-use, publish, and republish photographic portraits, pictures or video of me, or my children, in whole or in part, or composite or distorted in character form, without restriction to alterations/changes, made through any and all media now or hereafter, specifically including but not limited to print media, the internet, promotion, art, advertising, Editorial, trade, or any other purposes.

Parent's Name _____ Signature _____ Date _____

Areas of Mentoring/Discussion Consent

G3 Life Applications, Inc. is dedicated to youth development and well-being. This includes discussion and education of life experiences that shape and mold our participants. Character development is an integral part G3 Life Applications, Inc. The following areas will/may be addressed at an age-appropriate level: **health, wellness, nutrition, tutoring, job training, school readiness, faith and Spirituality, healthy relationships, HIV/AIDS, safety and prevention, self-care, career development, communication as well as other topics that can encourage and enrich healthy choices.**

I give consent for my child, _____, to be educated and informed on an age-appropriate level regarding the above stated topics.

Parent's Name _____ Signature _____ Date _____



Additional Children:

Full Name: _____

Nick Name: _____

Address (if different): _____

Age: ____ Date of Birth: _____ Race: _____ Gender: ___ M ___ F

School: _____ Grade: _____

Full Name: _____

Nick Name: _____

Address (if different): _____

Age: ____ Date of Birth: _____ Race: _____ Gender: ___ M ___ F

School: _____ Grade: _____

Full Name: _____

Nick Name: _____

Address (if different): _____

Age: ____ Date of Birth: _____ Race: _____ Gender: ___ M ___ F

School: _____ Grade: _____

Full Name: _____

Nick Name: _____

Address (if different): _____

Age: ____ Date of Birth: _____ Race: _____ Gender: ___ M ___ F

School: _____ Grade: _____