

7-12 grade students living in 15213/15219

Saturdays 11:30-12 Lunch, 12:00 PM – 2:00 PM hand-on activities at the **Thelma Lovette YMCA**. Workshop schedule will be sent monthly. **March 3 and 10, April 7 & 14, May 5 & 12, June 2 last day**

PLEASE PRINT IN BLUE OR BLACK INK

Student First Name _____ Last Name _____ M.I. _____

Address _____ Pgh, PA. Zip Code _____

Neighborhood _____

Age ____ Date of Birth ____/____/____ Male Female Grade _____ School _____

Student Email Address _____ Student cell # _____

Best way to contact you Email cell text

Do you live with a parent or guardian? Yes No How did you hear about Future Makers _____

Attending an after school program? Yes No? If yes, _____

List Hobbies, interest, talents _____

Are you enrolled in modified curriculum (additional support) enhanced curriculum (gifted)?

Parent /Guardian First Name: _____ Last Name: _____

Email _____ Cell # _____

Home # _____ Work# _____

Best way to contact you? Email cell text home

Emergency Contact Person _____ Relationship to Child _____

Emergency Phone Number _____

I give my permission for my child, to participate in OPDC’s Future Makers Program. I understand that my child and must attend the Saturday session(s) they registered to attend. I understand that my child will be asked to leave the activity/facility if they are disruptive during the session. **Initial** _____

In case my child needs medical care, I hereby give permission for my child to be transported to any appropriate hospital or medical facility. I also grant permission for any qualified medical personnel, including EMS, to render necessary emergency medical care until I can be contacted.

Allergies _____ Physical Restrictions/Limitations _____

Special Medical consideration _____

Initial _____

In consideration of OPDC/Future Makers allowing my child to participate in the above program, I hereby release OPDC/ Future Makers and their authorized representatives from any and all liability for injury to my child not due to intentional or gross misconduct. **Initial** _____

I give my voluntary authorization and consent to OPDC/ Future Makers, to make video and/or audiotape(s), or photograph(s) of my son/daughter approved by Future Makers. I also consent to and authorize the use forever of such videotape(s), audiotape(s), or photograph(s) by OPDC/ Future Makers, and their authorized representatives.

Initial _____

Parent/Guardian Signature _____ **Date** _____