Esquire Leadership and Mentoring Program Application

Esquire Information

Program Fee: $40 (Covers Cost of ELMP Polo, T-Shirt, and Misc Costs)

Pay Program Fee with QR Code

Pay Program Fee with Button Below

Click to Pay Fee

Last Name: _____

First Name:_____

Middle Initial: _____

Age:_____

Date of Birth: _____

Gender:_____

Shirt Size: _____

Current Mailing Address: _____

Cumulative GPA: _____

Current School of Enrollment: _____

Grade Level: _____

Extracurricular Activities:

_____

_____

_____

Contact Information

Student Email Address:_____

Parent/Guardian Email Address:_____

Student Home Phone: _____

Parent/Guardian Home Phone:_____

Student Cell Phone:_____

Parent/Guardian Cell Phone:_____

Parent/Guardian Mailing Address (if different): _____

Allergies, medical conditions, or dietary needs:

_____

_____

_____

_____

Esquire Leadership and Mentoring Program Grade Release

I permit the release of the grades of to the Esquire Leadership and Mentor Program (ELMP) program staff. I understand that the release of grades is the best way for the ELMP to enhance my child's academic performance through individual assessment and assistance.

I understand that nothing obtained from the release of my child's grade(s) will be used to harm him. My child's academic standing will remain CONFIDENTIAL. Only the program staff and my child's assigned mentor can view the released grades. I understand that at any time, I may retract my son's involvement in the program and my permission to release his grades to all members of the program staff and all members involved in ELMP. I also understand that to do so, I must speak with a program staff member.

I also understand that it is my partial responsibility to submit my child's grades to the ELMP at the end of each marking period. Failure to do so will result in a decline in my child's Esquire Performance Review.

Parent/Guardian Name(s):

Parent/Guardian Signature:

Date of Signature:

Home Phone Number:

Alternate Phone Number:

Esquire Leadership and Mentoring Program Parental Consent and Waiver

I hereby consent to the child named below participating in the Esquire Leadership and Mentor Program (ELMP) activities during the activity year. I understand that ELMP staff members are NOT allowed to transport your child to/from ELMP activities. In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I further agree that if the behavior of my child should make it essential to send him home before the scheduled return time, I am responsible for picking them up. I understand that no child will be sent home unaccompanied by a parent or parental authorized adult. A member of the ELMP team will accompany the young man during the scheduled activity until he leaves the activity site. I acknowledge and agree that my child is expected to adhere firmly to all established policies of the ELMP and any facility or event location at which the ELMP may hold any scheduled activity. I affirm that my child resides in the Ann Arbor or Ypsilanti area. I also grant permission to use video highlights or photographs of my child taken while participating in the activities of the ELMP for, among other things, the following purposes (including but not limited to) programmatic advertising, programming materials, and program recruiting. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity.

HOLD HARMLESS AGREEMENT

I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Alpha Phi Alpha Fraternity, Inc., the chapter, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THIS PARENTAL CONSENT AND WAIVER. I UNDERSTAND THAT MY CHILD IS EXPECTED TO PERFORM ACCORDING TO THE ESQUIRE LEADERSHIP & MENTOR PROGRAM "CODE OF CONDUCT" AND "EXPECTATIONS". FURTHERMORE, I ALSO UNDERSTAND THAT FAILURE TO COMPLY ON MY PART OR THE PART OF MY CHILD MAY RESULT IN SANCTIONS OR PENALTIES INCLUDING, BUT NOT LIMITED TO, REMOVAL FROM THE ESQUIRE LEADERSHIP AND MENTOR PROGRAM.

Full Name of Esquire:

Parent/Guardian Name:

Parent/Guardian Signature:

Home Phone:

Alternate Phone #:

Relationship to Child:

Emergency Contact

Name:

Relation to Child:

Home Phone #:

Alternate Phone #: