



You Deserve It Mentoring Center
"2022-2023 After School Activities
"A place of Transformation"



Activities: August 2, 2022 – May 13, 2023,
Monday – Thurs 2:00 p.m. – 6:00 p.m.
\$55 per week • Ages 6-21
Sneaks are provided to all participants

YDI After School Activities Registration Form
PLEASE TYPE OR PRINT IN THE SPACES BELOW (VERY CLEAR)

Participant Information:

Student Name: First Name: _____ Last Name: _____

Street Address: _____

City, State & Zip Code: _____ County of Residence: _____

Student Cell Phone: _____

Age: _____ Birth Date: ___/___/___ Gender: M F Grade Entering: _____

School Attending: _____

Email Address: _____

Please list any medical/allergy concerns: _____

T-Shirt Size (Male or Female) – Circle One: YS YM YL - S M L XL 1X 2X 3X 4X

Parent/Guardian Information

Parent/Guardian 's Name: _____

Parent/Guardian 's Daytime Phone Number: _____

Parent/Guardian 's Cell Phone Number: _____

Parent/Guardian 's Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone Number: _____

Please provide any additional information about individuals that your child has permission to go home with. The LIFE Camp requires that all children be signed in and out every day by a parent or guardian. Children WILL NOT be released to anyone who is not identified below:

- 1) _____
- 2) _____
- 3) _____

Waiver

I/We (the "Undersigned") do hereby agree to the following as a program participant of the You Deserve It Mentoring Center Inc. In connection with the participation in YDI after activities ("Activities") and/or use of Community Achievement Center ("Facilities"), the Undersigned on his or her behalf, on behalf of his or her personal representatives, heirs, next of kin: Hereby releases, waives, discharges and covenants not to sue LIFE and all of its directors, officers, board members, employees, volunteers, agents, contractors and sponsors, including any agent who assists in the performance of the Activities and/or use of YDI/CAC Facilities (hereinafter "Releasees"), for any and all loss, damage or expense to the Undersigned, and any claims or demands therefore on account of injury to the person or property, or resulting in the death of the Undersigned arising out of or related to the Undersigned's participation in the YDI/CAC Activities and/or use of YDI/CAC Facilities; transportation of the Undersigned to or from YDI/CAC Activities and/or use of YDI/CAC Facilities, or any dental or medical assistance or treatment of the Undersigned, whether caused by the negligence of the Releasees or otherwise. _____

Hereby assumes full responsibility for any risk of bodily injury, including but not limited to permanent disability, death or property damage arising out of or related to the Undersigned's participation in the Activities, transportation of the Undersigned to or from Activities, and/or use of the YDI/CAC Facilities, and any dental or medical assistance or treatment of the Undersigned, whether caused by the negligence of the Releasees or otherwise. _____

Hereby acknowledges that participation in the activities and /or use of the YDI/CAC Facilities and premises, is voluntary and may be declined at any time, and that any and all of the Activities involve hazards and risks of injury, some of which are known, and some of which are unknown, but all of which are inherent and are understood to be part of the Activities to be undertaken. The Undersigned hereby freely and voluntarily acknowledges these risks and hereby releases, waives, discharges, and agrees not to sue, should a known or unknown hazard, which is inherent to any particular Activity, lead to injury or death. _____

Hereby agrees that this release extends to all acts of negligence by the Releasees, including rescue operations or procedures and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and if any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. _____

Hereby given permission to YDI and its directors, officers, employees, coaches, and managers to provide routine health care and to administer any over-the-counter medications as deemed necessary by any of the foregoing.

Hereby authorizes YDI to take, use, and publish photographs, video or audio recordings, or quotations from interviews of me/my family members which may be used for editorial, fundraising, and/or promotional and advertising purposes and in any manner and medium; and to alter and composite the same without restriction and without inspection or approval. _____

I agree that there is to be no financial compensation for said use or publication, and hereby releases YDI and persons functioning under its authority from all claims and liability relating to the same. I understand that to revoke this photo/video/testimonial release, I must do so in writing to LIFE at youdeserveit9@gmail.com.

Refund Policy for YDI Trips: Please be advised that YDI operates on a YDI “credit-only” policy and does not issue any refunds unless otherwise advised and approved. Refunds are not available for trips registration/processing fees, weekly fees, or miscellaneous activity fees. _____

Weapons Policy: YDI prohibits members and guests from bringing onto YDI property dangerous weapons or unauthorized materials such as explosives, firearms (either concealed or otherwise), knives, or other similar items that might be considered dangerous or that could cause harm. YDI property is defined as all YDI -owned or leased or contracted buildings and surrounding areas such as sidewalks, walkways, driveways, and parking lots under the YDI’s ownership or control. YDI reserves the right at any time and at its discretion to conduct lawful searches for the purpose of determining whether any weapon has been brought onto its property or premises in violation of this policy. _____

By providing your contact information, YDI reserves the right to send you (email or direct mail) information regarding upcoming programs and events of interest to you. We do not share this information with entities outside YDI. _____

I HAVE READ THE LITHONIA INSTITUTE FOR EMPOWERMENT’S RELEASE AND WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE, CONTINUING AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT OF THE LAW.

Parent or Guardian’s Signature:

Date: _____