



Please fill out the following information to enroll your child in the SHESME Mentoring Program for ages 7 and up.

Child's Information:

- Child's Full Name: _____
- Age: _____
- Gender: _____
- Parent/Guardian Name: _____
- Contact Number: _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____

Medical Coverage Acknowledgment: I, [Parent/Guardian Name], hereby confirm that my child has medical coverage and agree that the Mentoring Program is not responsible for any accidents or injuries that may occur during program activities.

Parent/Guardian Signature: _____ Date: _____

Disclaimer - Liability Waiver: I understand and acknowledge that the Mentoring Program, operated by Resources Outreach Center, is not responsible for any accidents or injuries that may occur to my child while participating in mentoring program activities, including but not limited to jumping double dutch.

Parent/Guardian Signature: _____ Date: _____

By signing this form, I confirm that I have read, understand, and agree to the terms and conditions outlined above.

Please return this completed form to the Mentoring Program coordinator before your child's participation in the program.

For any questions or concerns, please contact: [Coordinator Name] [Contact Information]

Thank you for your cooperation.

Resources Outreach Center Mentoring Program (SHESME) West Charlotte Recreation Center 2401 Kendall Drive Charlotte, NC 28216 704-500-3552

Disclaimer - Liability Waiver

I, [Parent/Guardian Name], _____ hereby acknowledge and agree to the following terms and conditions regarding my child's participation in the SHESME Mentoring Program, specifically involving activities such as **Double Dutch Jumping:**

1. Assumption of Risk: I understand that participation in Double Dutch Jumping and other activities in the Mentoring Program involves inherent risks, including but not limited to falls, collisions, and other accidents that may result in injury.
2. Release of Liability: I hereby release, waive, discharge, and covenant not to sue the SHESME Mentoring Program organizers, mentors, volunteers, staff, and affiliates, from any and all liability, claims, demands, actions, or

causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in the Mentoring Program activities.

3. Parental Responsibility: I acknowledge that it is my responsibility as a parent/guardian to ensure that my child is physically and emotionally prepared for participation in Double Dutch Jumping and other activities in the SHESME Mentoring Program. I agree to inform program staff of any medical conditions, allergies, or other relevant information that may affect my child's participation.
4. Compliance with Rules and Instructions: I understand that my child is expected to follow all rules, guidelines, and instructions provided by program staff and mentors during Mentoring Program activities. Failure to comply may result in my child's removal from the activity.
5. Medical Coverage: I acknowledge that my child must have medical coverage, and I agree that the Mentoring Program is not responsible for any medical expenses incurred as a result of injuries sustained during program activities.
6. Consent for Emergency Treatment: In the event of an emergency requiring medical treatment for my child, I authorize program staff and mentors to seek and administer necessary medical care. I understand that efforts will be made to contact me, or the designated emergency contact listed on the registration form.

By signing below, I acknowledge that I have read, understand, and voluntarily agree to this Disclaimer - Liability Waiver on behalf of myself and my child.

Parent/Guardian Signature: _____ Date: _____

Child's Full Name (Printed): _____

Thank you for your cooperation and understanding.

[Organization Name] [Address] [Phone Number] [Email Address]