



## GROUP MENTORING PROGRAM APPLICATION

(OPEN TO ALL TEENS, AGES 13 – 19. WHO ARE CURRENTLY ENROLLED IN MIDDLE SCHOOL OR HIGH SCHOOL)

<b>PARTICIPANT INFORMATION</b>	
<b>Participant name (first, last):</b>	<b>Date of Birth:</b>
<b>Ethnic Origin (circle one):</b>  <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander  <input type="checkbox"/> Other, please explain below.  <hr style="width: 50%; margin-left: 0;"/>	<b>Gender:</b>  <hr style="width: 90%; margin-left: 0;"/> <hr style="width: 90%; margin-left: 0;"/>
<b>Street Address:</b>	<b>Unit Number:</b>
<b>City/State:</b>	<b>Zip Code:</b>
<b>Email:</b>	
<b>MAIN CONTACTS (parent/guardian):</b>	
<b>Parent/Guardian Name (1):</b>	<b>Work Phone:</b>  <b>Cell Phone:</b>
<b>Parent/Guardian Email (1):</b>	



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<b>Parent/Guardian Name (2):</b>	<b>Work Phone:</b>
	<b>Cell Phone:</b>
<b>Parent/Guardian Email (2):</b>	
<b>EMERGENCY CONTACTS (persons such as a relative, other than parent or guardian):</b>	
<b>Name:</b>	<b>Phone:</b>
	<b>Cell Phone:</b>
<b>SCHOOL INFORMATION:</b>	
<b>Name of School</b>	<b>Grade Level</b>
<b>List the classes you are taking this year:</b>	
<b>What are your favorite subjects?</b>	
<b>What subjects do you feel you need help with?</b>	



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### YOUR INTERESTS:

What are your hobbies and interests?

Do you participate in any extracurricular activities outside of school (e.g., Boy/Girl Scouts, youth programs)? If yes, explain:

Do you plan on attending college after you graduate?  Yes  No If no, please explain:

What is your career goal or what types of careers interest you?

What would you like to learn more about or become better at with the help of your mentoring group?



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### WHAT IS YOUR FAVORITE:

**Food (s):**

**Color(s):**

**Book(s):**

**Music and songs:**

**Person(s):**

**What three words best describe you?**



## GROUP MENTORING PROGRAM APPLICATION

### Release and Waiver of Liability/Indemnity Agreement/Photo Release

In consideration of gaining membership or being allowed to participate in the activities and programs of CSWAG Youth Group Mentoring Program and to use and any facilities that we may rent, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge CAMP S.W.A.G. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of CAMP S.W.A.G. or the use if any equipment at the CAMP S.W.A.G. I agree to adhere to all policies set by CAMP S.W.A.G. as written in the CAMP S.W.A.G. Policies Handbook.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER CAMP S.W.A.G. FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATE IN ANY OFF-SITE PROGRAM AFFILIATED WITH CAMP S.W.A.G., THE UNDERSIGNED HEREBY AGREE TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE CAMP S.W.A.G., its directors, officers, employees, and agents (hereinafter referred to as "Releases") from all liability to the undersigned, its personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property of resulting in death of the undersigned, whether caused by the Negligence of Releases or otherwise while the undersigned is in, upon, or about (the premises or any facility or equipment therein or participating in any program affiliated with the CAMP S.W.A.G.)

(PLEASE INITIAL: \_\_\_\_\_)

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about CAMP S.W.A.G. premises or in any way observing or using any facilities or equipment of the CAMP S.W.A.G. or participating in any program affiliated with CAMP S.W.A.G. whether caused by the negligence of the Releases or otherwise.

(PLEASE INITIAL: \_\_\_\_\_)

THE UNDERSIGNED HEREBY ASSUMES FULL REONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of Releases or otherwise while in, about, or upon the premises of CAMP S.W.A.G. and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with CAMP S.W.A.G.

(PLEASE INITIAL: \_\_\_\_\_)

CAMP S.W.A.G. does not condone staff privately providing services for members or program participants. Parents understand



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that CAMP S.W.A.G. is not responsible for staff who conduct outside employment and hereby release CAMP S.W.A.G. from any liability for acts or omissions of any staff who provide services outside of CAMP S.W.A.G. employment.

**(PLEASE INITIAL: ( \_\_\_\_\_ ))**

By signing this agreement, I hereby give my permission for CAMP S.W.A.G. to take my photograph or a photograph of my child(ren) and use or publish this likeness for CAMP S.W.A.G. purposes, and I release CAMP S.W.A.G. from any claims for such use.

**(PLEASE INITIAL: ( \_\_\_\_\_ ))**

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND PHOTO RELEASE is intended to be as broad and inclusive as is permitted by law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND PHOTO RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. For a complete list of Camp S.W.A.G. Policies, please visit us online at [www.cswag.org](http://www.cswag.org)

**CERTIFICATION:**

By signing below as the parent/guardian of the minor child listed above I hereby certify that the information contained in this application for CSWAG Youth Leadership Program Membership is true and complete and that the applicant is either between the ages of 11 and 19 and enrolled in middle school or high school at the time this application is submitted.

I understand that any misrepresentation or deliberate missing of a material fact in this application may disqualify the child listed above from the application process or terminate membership.

<b>Signature of Participant:</b>	<b>Date</b>

<b>Signature of Parent/Guardian:</b>	<b>Date</b>



**CAMP S.W.A.G.**

Students With Ambitions & Goals

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