



**A.C.E. (Another Caring Example)** is a direct serve mentoring program through the City of Birmingham Mayor's Office Division of Youth Services (DYS) for young boys and girls ages 8 - 17 years old. A.C.E. participants will take part in gender and age specific sessions that cover topics relevant to the issues they face today. The program is designed to provide and equip Birmingham's youth with another caring example to inspire them to become the aces (leaders) of tomorrow.

The program's curriculum includes monthly group meetings and activities. The topics are, but not limited to, the eight key areas of DYS which are: Athletics and Recreation, Cultural Arts, Education, Faith-Based Initiatives, Family Services, Health and Wellness, Mentoring, and Workforce Development.

**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ Gender:  M  F  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PARENT INFORMATION:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

***In case of an emergency, identify someone other than yourself that should be contacted.***

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

*Internal Office Use Only*  
Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Received by: \_\_\_\_\_





## Release of Liability

I, and my heirs, in consideration of my participation in the A.C.E. Mentoring Program, hereby release the Mayor's Office Division of Youth Services, its employees, and all others officially connected with this program, from any and all liability for damage to or loss or personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this program. Specifically, I release said person from any liability or responsibility for my physical condition, for the condition of meeting spaces and for the presence or actions of any other participants. I understand that participation in this program and/or activity or travel is strictly voluntary and I freely chose to participate. I understand that DYS does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Parent of Guardian's signature if under 18**

\_\_\_\_\_  
**Date**

*Internal Office Use Only*

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_



## Authorization of Use

I, \_\_\_\_\_ (*Print Full Name*) hereby grant permission to the City of Birmingham Mayor's Office Division of Youth Services and its affiliates and subsidiaries, including but not limited to, A.C.E. (Another Caring Example) Mentoring Program to interview, photograph and/or videotape me or my minor child \_\_\_\_\_ (*Print Child's Full Name*), and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- City of Birmingham Mayor's Office Division of Youth Services
- City of Birmingham Mayor's Office Division of Youth Services Website
- City of Birmingham Mayor's Office Division of Youth Services Promotion/Advertising
- Local/Regional/National news media (w/permission of ACE)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INFO** (please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_