

Another **CARING** Example

MENTORING PROGRAM



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. Another Caring Example 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 leaders of tomorrow.

The program's curriculum includes monthly group meetings and activities with topics that are centered around 21st century skills training.

PARTICIPANT INFORMATION:

Name: _____ Age: _____

School: _____ Grade: _____

Street Address: _____

City/State/Zip: _____

E-mail: _____ Home Phone: _____

Emergency Contact: _____

How would you like to be notified about monthly sessions and activities?

Text _____ Email - _____

PARENT INFORMATION:

Name: _____

Street Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____ Alternate: _____

How would you like to receive monthly notifications?

Text _____ Email _____





Release of Liability

I, and my heirs, in consideration of my participation in the Another Caring Example 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 of 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 selection of course route 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