



Going Against All Odds For Our Young People!

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Registration Form

Program Enrollment Date: _____ Start Date: _____
Registration Fee Paid: \$ _____ Orientation Date (See schedule): _____ Staff Enrolling Initials: _____
Child's Name: _____ Age: _____ Male Female
Date of Birth: _____ Who does child live with? _____

Mother's Name: _____ Home Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Mother's Employer: _____ Business Phone: () _____
Emergency Contact: _____ Emergency Phone: () _____

Father's Name: _____ Home Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Father's Employer: _____ Business Phone: () _____
Emergency Contact: _____ Emergency Phone: () _____

Guardian's Name (if different from parent): _____
Relationship to Child: _____
Address: _____ City: _____ State: _____ Zip: _____
Guardian's Employer: _____ Business Phone: () _____
Emergency Contact: _____ Emergency Phone: () _____

Escort/Release

All children must be signed out at the of the end of the program day. ATLennium protects your child(ren) by only releasing your child(ren) to escorts you have authorized. Please list your authorized escorts below and check the names of those individuals who are also your emergency escorts.

Authorized Escort	Relationship:	Phone:
<input type="checkbox"/> _____	_____	() _____
<input type="checkbox"/> _____	_____	() _____
<input type="checkbox"/> _____	_____	() _____

I have a court order preventing the following person(s) from escorting my child away from the program without my written permission: _____

●● Child/Youth's Expectation(s) from the ATLennium Program

●● Parent's Expectation(s) from the ATLennium Program

Please read the following agreement and sign below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of ATLennium, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge ATLennium, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold ATLennium, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement with ATLennium to be used to further promote volunteerism.

Permission:

I hereby give permission to my child or ward to participate in all activities in the program of ATLennium expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities, field trips. I also give ATLennium permission to take my child or ward to the hospital in case of any emergency and to administer medication that I provide for my child. I further attest that my child or ward has no allergies or special medical needs other than those listed below:

Parent/Guardian Signature: _____ Date: _____