



**Culture & Leadership Development Program  
2017 APPLICATION**

***S.O.N.S. is an intense curriculum of workshops and activities with the goal of empowering African American boys to be conscientious leaders. All participants are expected to fully engage in all aspects of the program.***

Boy's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Boy's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email - Boy \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents name \_\_\_\_\_

Email – Parent \_\_\_\_\_

Please list your areas of strength (those things that you are good at)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list those areas that you could use improvement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In signing this, I agree to participate fully in all S.O.N.S. Culture and Leadership Development Program classes and activities. I also agree to respect and honor my brothers and myself at all times.

**Student's Signature:** \_\_\_\_\_

Participant/Media Release

I hereby give my permission for (son's name) \_\_\_\_\_ to participate in the S.O.N.S. Culture and Leadership Development Program. I also grant permission to record my child's likeness and/or voice for use by television, film, radio or print media to further the aims of the organization in related campaigns, magazine articles, booklets, posters etc. I hereby release Life Paradigms, Inc, its insurer, agents and heirs from any and all liabilities and claims in connection herewith.

**Consent to Treatment/Evidence of Insurance**

In the event that my child should for any reason require any medical treatment and/or medication during the course of their attendance at or participation in S.O.N.S. Culture and Leadership Development Program activities, I authorize such physician or emergency care staff that Life Paradigms, Inc. may appoint or designate to carry out necessary treatment or take my child to the emergency room of any hospital, and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of my child. It is understood that I will be contacted, if possible, by telephone and made aware of the nature of the situation.

I have fully read and understand the provisions of the above releases and have explained them to the said minor. I hereby agree, on behalf of myself and my child, to hold harmless and release Life Paradigms, Inc. from any and all liabilities and claims arising out of any treatment rendered to my child.

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent Acknowledgment**

**I understand that I am responsible for my son's full involvement in S.O.N.S. and commit to punctuality, involvement in the parents' orientation & workshops, whenever possible, and participation in the graduation ceremony.**

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Email:** [harlemite221@msn.com](mailto:harlemite221@msn.com)

**Website:** [www.life-paradigms.com](http://www.life-paradigms.com)