

“Empowered”

Youth Mentoring and Support Program

Managed by: My Abundant Hopes, Inc., a Non-Profit Organization

Youth Registration Application

Youth/Applicant Information

Full Name: _____

Home Address: _____

D.O.B.: _____ SS Number: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

School Name: _____ Grade: _____

Home Room Teacher: _____

Applicant, briefly state why you would like to participate in the Young Ladies/Men Empowered Programs. _____

Parent(s)/Guardian Information

Full Name: _____

Home Address: _____

Mailing Address: _____

Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____

Notify in case of Emergency: _____

Acknowledgement

By signing below, I understand that I am giving my child permission to participate in the “Empowered” mentoring and support programs. I also understand and agree that “Empowered” is made up of free mentoring and support programs managed by My Abundant Hopes, Inc., a non-profit organization. I deem My Abundant hopes, Inc., its partners, directors, officers, volunteers, and employee non detrimental and waive any claims that may arise due to my child’s participation in the programs.

Parent Signature

Applicant/Participant Signature

Witness Signature & Phone Number

Date

Fill out application and mail, email, or fax to the contact below:
My Abundant Hopes, Inc. 1917 Holston Drive Jonesboro, GA 30236
Email: info@myahi.org * Fax: 800-504-0399
Questions? Call (404) 670-8922 * Visit: www.myahi.org for more info