

Brotherhood *Over Anyhood*

Youth Registration Form

■ LOVE ■ LEGACY ■ SELF-AWARENESS ■ VOICE

Welcome to the Brotherhood.

This form helps us get to know your son and your family so we can give him the best possible experience. Please complete every section and print clearly.

01 PARTICIPANT INFORMATION

Legal First Name	_____	Middle Name	_____	Last Name	_____	
Goes By / Nickname	_____		Date of Birth	_____	Age	_____
Current School	_____			Grade	_____	
Home Address	_____					
City	_____	State	_____	Zip	_____	
Participant Cell Phone (if any)	_____		T-Shirt Size	_____		

02 GETTING TO KNOW YOUR SON *Help us understand who he is and how we can reach him*

What does your son love to do in his free time? (hobbies, games, music, sports, anything)

What is he really good at, or proud of? (strengths and talents)

Do you have any concerns about your son, or reasons you're seeking mentorship for him at this time?

What do you hope he gains from Brotherhood Over Anyhood?

How would you describe your son? (Check all that apply)

- | | |
|--|--|
| ☐ Outgoing and energetic | ☐ Quiet and thoughtful |
| ☐ Creative | ☐ Natural leader |
| ☐ Funny | ☐ Loves sports |
| ☐ Loves to build or make things | ☐ Needs time to warm up to new people |

How does he learn best?

- | | |
|--|--|
| ☐ Hands-on activities | ☐ Listening and talking |
| ☐ Reading and writing | ☐ Watching demonstrations |
| ☐ Other (explain) _____ | |

Has he been part of other youth programs or mentoring before?

- ☐ Yes ☐ No

If yes, where, and how did it go?

What would help him feel comfortable and welcomed in a new group?

Is there anything going on in his life that would help us support him better?

03

PARENT / GUARDIAN INFORMATION

Relationship: ☐ Parent ☐ Legal Guardian ☐ Other: _____

Full Name _____

- ☐ Address same as participant

Home Address (if different) _____

City _____ State _____ Zip _____

Primary Phone _____

- ☐ Cell ☐ Home ☐ Work

Alternate Phone _____

- ☐ Cell ☐ Home ☐ Work

Email Address _____

Preferred Contact Method: ☐ Call ☐ Text ☐ Email

04

EMERGENCY CONTACTS *At least one must be someone other than the parent/guardian***Emergency Contact #1**

Name _____ Relationship _____

Primary Phone _____ Alternate Phone _____

Emergency Contact #2

Name _____ Relationship _____

Primary Phone _____ Alternate Phone _____

05

AUTHORIZED PICKUP *Adults approved to pick up your son**List all adults (age 18+) authorized to pick up your son. Photo ID will be required at every pickup.*

Authorized Adult #1 _____ Relationship _____ Phone _____

Authorized Adult #2 _____ Relationship _____ Phone _____

Authorized Adult #3 _____ Relationship _____ Phone _____

Anyone NOT authorized to pick up (if applicable)

Name _____ Relationship _____

Name _____ Relationship _____

If a court order is in place, please attach a copy to this form.

06

HEALTH & MEDICAL INFORMATION

Primary Care Physician _____ Physician Phone _____

Insurance Provider _____ Policy / Member ID _____

Does your son have any of the following? (Check all that apply)

- | | |
|--|--|
| ☐ Asthma or breathing difficulties | ☐ Seizures or epilepsy |
| ☐ Diabetes | ☐ Heart condition |
| ☐ ADD / ADHD | ☐ Learning differences or special education needs |
| ☐ Autism spectrum or behavioral support needs | ☐ Physical limitations or mobility needs |
| ☐ Vision or hearing impairment | ☐ Other (please explain below) |

Please explain any checked items and how we can best support your son:

Allergies (Check all that apply)

☐ Food allergies (list)

☐ Medication allergies (list)

☐ Environmental allergies (pollen, dust, etc.)

☐ Insect sting allergies

☐ No known allergies

Does your son carry emergency medication?

☐ EpiPen / Epinephrine Auto-Injector — Expiration Date

☐ Asthma Rescue Inhaler — Expiration Date

☐ Other emergency medication (explain)

Current Medications

Include prescription and over-the-counter medications taken regularly.

Medication	Dose / Frequency
Medication	Dose / Frequency
Medication	Dose / Frequency

07

FAMILY ENGAGEMENT

Families are essential partners in this work. Help us understand how we can support your family's involvement.

Would you be interested in participating in our program? (Check all that apply)

☐ Reading with students
 ☐ Sharing about your career / job

☐ Helping with field trips
 ☐ Attending parent workshops

☐ Other ways I can help

What barriers, if any, might make it hard for you to participate?

☐ Work schedule conflicts
 ☐ Transportation

☐ Childcare for other children

☐ Other

Best day / time for family events

Languages spoken at home

08

PROGRAM POLICIES & CONSENT

Please review and initial each item

Initial	Attendance: I will notify the program if my son will be absent from any scheduled programming or field trips.
Initial	Behavior Expectations: I have reviewed the Brotherhood Over Anyhood Code of Conduct with my son, and we both commit to these expectations.
Initial	Pickup Policy: I understand only authorized adults with photo ID may pick up my son. I will notify the program in advance of any changes to authorized pickup persons.
Initial	Illness Policy: I will keep my son home if he has a fever, vomiting, diarrhea, or a contagious illness, and I will notify the program of the absence.

Initial _____

Communication: I agree to respond to program communications within 24 hours when possible and to provide updated contact information if it changes.

Emergency Medical Treatment Authorization

If my son needs emergency medical care and you cannot reach me, I give program staff permission to obtain proper medical treatment for him, including transport to a hospital if needed. I understand staff will make every effort to contact me first.

Initial _____

Initial to authorize.

Photo & Media Release

Love Deposit, Inc. may take photos and videos during program activities for use in our materials, social media, website, and fundraising. We use photos to celebrate our community and share our impact.

- ☐ YES, I give permission ☐ NO, I do not give permission
- ☐ If NO, my son may still appear in group photos. Check here if you do not want your son in ANY photos.

09

SIGNATURE & AGREEMENT

I have read and completed this registration form. The information I provided is accurate and complete. I understand and agree to the program policies outlined above. I commit to partnering with Brotherhood Over Anyhood to support my son's growth and success.

Parent / Guardian Signature _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

Date Received _____ Received By _____

Program Year _____ Cohort / Group _____ Mentor Assigned _____

Thank you for trusting us with your son.

Questions? Contact us at info@lovedepositinc.org or [PROGRAM PHONE]