



**Theta Omega Inc.  
Men of Quality Leadership Academy  
Mentoring Program**

**STUDENT APPLICATION FORM**

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_

Have you previously participated in a leadership development program? If yes When?

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

Why are you interested in participating in this leadership development program?

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include a copy of your Report Card**

**Student Commitment Contract**

**I will strive for discipline and commitment in all that I do.**

**I will strive to do my best in all that I do.**

**I will respect others opinion and time.**

**I will listen and pay attention to what others have to say.**

**I will respect the confidentiality of my peers.**

**I will ask for help and support others when needed.**

**I will be on time for sessions and activities.**

**I will be an active participant in all activities.**

**I will abide by the rules and meet expectations as future leaders.**

**I will take responsibility for my actions as a future leader.**

**I will not strike out (physically/verbally) in anger.**

**I will be willing to open my mind to new ideas and try new things.**

**Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**PARENTAL CONSENT AND WAIVER FORM**

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Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By my signature below, I grant permission for my child to participate in the Theta Omega Incorporated Leadership Academy workshops, field trips, and other educational or cultural activities sponsored by the Academy for the period of March 2016 through December 2016. I understand that the program participants are males in high school; residents of the Louisville Metropolitan area; and who are currently enrolled in a public, or private school in the Jefferson County area. I also understand that I am expected to facilitate and support my child's attendance and participation.

Further, I understand reasonable efforts will be made to supervise my child. My child and I understand that certain conduct (for example, unacceptable sexual conduct, unacceptable dress, violent speech or conduct, and the use of controlled substances or alcohol) will not be tolerated in the program and that the commission of any of these acts will result in immediate dismissal from the program. I understand that in the event that one of these acts occurs, the Academy will contact, via the numbers provided, either the parent or emergency contact person on file. I agree that when I, or the emergency contact person is called, the emergency contact person or I will immediately come and pick my child up from the session and/or activity.

Further, I agree not to hold Theta Omega Incorporated and its members responsible and/or liable for any injuries or illnesses that my child may sustain while in attendance at the sessions of the Academy. I also agree not to hold the above named organization, or its members or appointees individually, liable for the loss or destruction of my child's property.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Commitment and Expectations Contract**

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**I will be supportive and enforce the Student Commitment and Pledge Contract.**

**I will be responsible for dropping off and picking up student in a timely manner.**

**I will be supportive of the goals of the Leadership Academy.**

**I will ensure the student is participating in all sessions, activities and/or special events.**

**I will contact the Leadership Staff, if any questions and/or concerns are raised.**

Parent/Guardian Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

## HEALTH HISTORY/MEDICAL CONSENT FORM

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Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian Full Name: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Emergency Contact Information if parent(s) cannot be reached in event of emergency:***

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the student up to date on her immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

***If no, please explain in box below.***

Is the student on medication? Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, please list in box below and provide information on dosage to take and times when it should be taken.***

Does your student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, please explain in box below.***

Does your student have any special dietary needs/restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain in box below.*

**In the box below, please provide any specific information you think would be helpful, including physical, psychiatric, or behavioral problems.**

**In the box below, please list names of those that are authorized to pick your child up from Leadership Academy Events.**

**Parent Permission Statement:** The health history provided is correct as far as I know, and my son has my permission to engage in all activities except as noted. If he appears ill, I will not send him to such activities.

**Emergency Authorization:** In the event I, or my designated emergency contact person, cannot be reached in an emergency, I hereby grant permission to Theta Omega Incorporated Leadership Academy to secure proper treatment for my child.

Student Name: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Theta Omega Inc.**