



## BOYZ CLUB INTAKE FORM

Welcome to the **Man Up! Inc. Boyz Club Mentorship Program**. We're excited to have your son join our community. Please fill out this form completely so we can better serve your child and ensure their safety and well-being.

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### Program Overview

The **Man Up! Inc. Boyz Club** is a mentorship program dedicated to the personal and leadership development of boys and young men aged 5-15. Our curriculum is designed to empower participants by focusing on self-awareness, helping them understand their emotions, strengths, and unique identities. We also teach skills for building healthy relationships to foster positive connections with peers, family, and mentors. Additionally, we equip participants with constructive strategies for conflict resolution, helping them navigate disagreements and manage conflict peacefully. Through a mix of group activities, one-on-one mentorship, and community engagement, our goal is to build confidence, character, and a strong sense of purpose in every young man.

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### Participant Information

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

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

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

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

**T-Shirt Size (Youth/Adult):** \_\_\_\_\_

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### **Parent/Guardian Information**

**Parent/Guardian Name(s):** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Secondary Phone Number (if applicable):** \_\_\_\_\_

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### **Emergency & Medical Information**

**Emergency Contact (if different from above):**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Allergies:** Please list any known allergies (food, environmental, etc.) and the severity.

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**Special Needs/Medical Conditions:** Please describe any medical conditions, special needs, or concerns our staff should be aware of (e.g., asthma, ADHD, learning differences, etc.).

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**Medications:** Please list any medications your child takes regularly and the dosage.

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## **Waiver of Liability**

I, the undersigned parent or legal guardian, acknowledge and agree to the following:

- I grant my permission for my child, \_\_\_\_\_, to participate in all activities and events associated with the Man Up! Inc. Boyz Club Mentorship Program.
- I understand that all reasonable safety precautions will be taken by the organization and its mentors. However, I am aware that some risks may be involved with participation.
- I assume all risks and responsibility for any injuries, damages, or losses my child may sustain while participating in the program.
- I, on behalf of myself, my child, and my family, hereby release, waive, and forever discharge Man Up! Inc., its officers, directors, employees, volunteers, and agents from any and all claims, demands, actions, or causes of action that may arise out of any injury, damage, or loss sustained by my child or their property while participating in this program.

By signing below, I confirm that all information provided is accurate and that I have read and agree to the terms of this waiver.

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

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