



CENTER FOR
LEADERSHIP
DEVELOPMENT

Empowering Youth • Strengthening Community

PARENTS "CHAT"

(PLEASE PRINT LEGIBLY)

To Return Registration form:

By mail: 2425 Dr. Martin
Luther King Jr. Street.
Indianapolis, IN 46208
By fax: 317.923.8112
CLD Business Number:
317.923.8111
Registration fee: **FREE**

GENERAL INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Gender: F M Date of Birth: ____/____/____

Ethnicity: ____Caucasian ____African-American ____Hispanic-American ____Native-American
____Asian-American ____Multi-racial ____Other _____ (If other, please specify)

Email: _____@_____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____

Twitter Handle @ _____

PROGRAM INFORMATION

SESSION TOPICS

(Check sessions you will attend)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Empowering Our Girls: "From the Classroom to the Boardroom" | February 28 th |
| <input type="checkbox"/> How to Raise a Successful Black Male | March 7 th |
| <input type="checkbox"/> Navigating Special Education | April 5 th |
| <input type="checkbox"/> Maximizing Your Child's Summer Experience | May 2 nd |
| <input type="checkbox"/> Social Media, Technology, and Teenagers | September 7 th |
| <input type="checkbox"/> High School Check Up: "Managing the Transition" | October 5 th |
| <input type="checkbox"/> College Savings Plan Options | November 2 nd |
| <input type="checkbox"/> All of the above | |

First time in CLD: Yes/No? ____Yes ____ No

If yes, how did you hear about us? Alumni CLD Event Church Community
Event/Organization Newspaper Radio School Social Media TV Walk-in
Website Other

If other, please specify _____

CONFIDENTIAL INFORMATION

The following information is **REQUIRED** for **CLD** to obtain funding as a Non-Profit Organization. Names are **never** used and the information is completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Total Number of individuals living in household: _____

Annual Household Income:

- \$0 - \$9,999 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 +

Check All Programs that Apply: TANF Food Stamps Medicaid SSI SSDI Veteran’s Compensation None

Does your child receive Free or Reduced lunch? Yes No

PARTICIPATION CONSENT

I hereby give permission for myself, named below and child, to attend and participate in Center for Leadership Development’s (CLD) programs, activities, and initiatives. For the purposes of marketing CLD programs, I hereby give permission for myself and child to be photographed and/or video graphed. Any data collected by CLD from various vehicles is private and confidential. Data may include, but is not limited to my child’s: ISTEP scores, CTBS, and standardized testing covered by FERPA, as well my child’s grades, school attendance records, behavioral records and log sheets. It is also understood that data collected will protect me and my child’s identity, although CLD, its assigns, or successors may use the data to determine current trends. The data collected is the sole property of CLD.

I am the natural parent or legal guardian having custody of said child. In consideration of myself and my child participating in CLD, I hereby voluntarily release and agree to hold harmless and indemnify the Center for Leadership Development (CLD), each of its directors, officers, employees, volunteers, and its partner organizations from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney’s fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child’s participation whether or not resulting in whole or in part from negligence, acts or omissions of CLD or its directors, officers, employees, volunteers, or partner organizations, or of said myself and my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the CLD staff/volunteer(s) to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the CLD staff/volunteer(s) to secure and administer treatment, including hospitalization, for myself and/or the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, and members. I hereby on behalf of myself and my child waive, release, and forever discharge any and all rights and claims for damages which my child may have or may not have accrue arising out of or connected with my child in any of the activities of the CLD.

Participant Printed Name _____

Participant Signature _____ Date _____

Date Rec’d: _____
Ack.Sent: _____
Staff Initials: _____