

Dream! Commit! Do!



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 (919) 749-2009

REGISTRATION FORM

Main Contact (parent/guardian information unless participant is 18)

First Name:		Middle Initial:		Last Name:	
Relationship to participant:		Is there a male presence in the home?		Can your child arrive on site by 9:30 am on Tuesday, March 26 and be picked up by 10 am on Friday, March 29?	
Mailing Address			City:		State/Zip:
Primary Phone:		Type of Phone:		Email:	

FOR MOMS ONLY

Save the date: Please join us on Thursday, March 28 from 6-8 pm for a “MOM’s Refresh” session, Dinner provided, attire is business casual, childcare provided per request

Requested childcare for March 28 (name, sex & age): _____

Participant Information

First Name		Middle Initial:		Last Name:	
Date of Birth:		Male:		Female:	
				Applicant’s Race:	
Mailing Address			City:		State/Zip:
Primary Phone:		Type of Phone:		Email:	
Emergency Contact:		Relationship:		Phone:	
Name of School:				Grade:	
List any special accommodations needed for the participant including disabilities, health/medical conditions, or special needs			Allergies:		

Participant #2 Information

First Name		Middle Initial:		Last Name:	
Date of Birth:		Male:		Female:	
Applicant's Race:					
Mailing Address				City:	
				State/Zip:	
Primary Phone:			Type of Phone:		Email:
			Relationship:		Phone:
Name of School:					Grade:
List any special accommodations needed for the participant including disabilities, health/medical conditions, or special needs				Allergies:	

Please list all members of your household.

Name	Sex	Age	Relationship to Applicant

Participant Interest (responses are confidential)

1) Why would you like to participate in the Nate McMillan Mentoring Program?

2) What is at least one goal/outcome you expect to gain?

Disclaimer

The Nate McMillian Foundation is not responsible for accidents, injuries, damaged or stolen property nor sickness associated with contact among others (peers, staff, visitors, presenters, etc.) when attending camp events.

If participants or members of the household are experiencing signs of sickness (chills, fever, cough, fatigue, etc.), please remain home for the well-being of everyone.

Photo and media clips will be used to capture highlights during events.

No weapons are allowed during events for the McMillian Foundation. Proof of possession will result in immediate dismissal from the mentoring program and legal actions taken if necessary.

To decrease distractions for an improved learning environment, NO CELL PHONES are permitted. Participants will have access to the camp phones if needed. Parents/guardians will be notified daily via email of the safety of the campers. Parents/guardians will be contacted immediately of any emergencies based on the contact information provided on the applicant registration form.

Your signature serves as confirmation that you have read and agree with the fore stated disclaimers. You also agree that all information provided on this form is accurate to your knowledge.

Signature: _____ Date: _____

(Parent/guardian if participate is less than 18)