

<u>ULEAD: Next Gen Women's Leadership</u> Mentorship → Empowerment → Leadership

ULEAD meets once per month on the following dates: Oct 29, Nov 16, Dec 10, Jan 11, Feb 11, Mar 22, Apr 15, May 10.

Additional dates / special activities may be added.

STUDENT INFO

NAME:			
SCHOOL:	GRADE (Fall 2017):		
HOME ADDRESS:	CITY:	ZIP:	
EMAIL:	CELL PHONE:		
PARENT/GUARDIAN INFO			
PARENT / GUARDIAN NAME (1)	:		
HOME ADDRESS:	CITY:	ZIP:	
WORK PHONE:	CELL PHONE:	HOME PHONE:	
EMAIL:			
PARENT / GUARDIAN NAME (2):			
HOME ADDRESS:	CITY:	ZIP:	
WORK PHONE:	CELL PHONE:	HOME PHONE:	
EMAIL:			
WHY ULEAD			

ON A SEPARATE PAPER, BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO JOIN ULEAD.

AGREEMENT

FEES: Program fee for the workshops and travel is \$595 per student. Fees are payable to KidUnity by check or via PayPal through the KidUnity website: www.kidunity.us.

ABSENCES: KidUnity is a non-profit program with fixed expenses. Therefore we cannot give credit or make-up days for the absence of your child. No refund shall be provided for non-attendance, late arrival, early departure, or dismissal for cause.

PHOTOGRAPHY & VIDEO CONSENT: Occasionally, KidUn film/video for promotional purposes of the organization. Students addition, students may have their work published in local and national policy, please initial this box.	will <u>not</u> be identified by first and last name. In		
CONFIDENTIALITY : KidUnity is committed to keeping person only release information to parents/guardians.	nal family information confidential. We will		
CONDUCT: KidUnity's ULEAD program is designed for student with peers and civic leaders to address complex leadership and conwork cooperatively and confront challenging social issues with matthe group. KidUnity, in its sole discretion, reserves the right to discreptive to the group. No refund shall be provided for dismissal dismissal will be the parents' responsibility.	mmunity challenges. Students who are unable to turity may be asked to remove themselves from miss a student if her behavior is deemed		
RELEASE OF LIABILITY : I hereby agree to hold harmless Kie administrators and Members of the Board of Directors from any liand programs. I hereby acknowledge the existence of the implied and the areas where such activities and programs take place.	ability related to any and all KidUnity activities		
I have read and understood all the information included in this Agreement, and by signing, I agree to adhere to the terms of this Agreement. It is further understood that policies and terms of this Agreement may be changed and amended, and, that I shall be informed in writing of such changes with a 30-day notice. I have received a copy of this Agreement.			
In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child in KidUnity and to execute this Agreement on his or her behalf. I recognize that KidUnity relies upon the representations herein made in accepting this enrollment.			
I HEREBY GIVE PERMISSION FORULEAD PROGRAM.	TO PARTICIPATE IN KIDUNITY'S		
PARENT/GUARDIAN NAME (PRINT):			
PARENT / GUARDIAN SIGNATURE:	DATE:		

DATE:

PARENT / GUARDIAN SIGNATURE: