



## *Mentee Application Form*

### **Applicant Information**

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Now Attending: \_\_\_\_\_

Current Grade in School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

### **Guardian Information**

Primary Name / Relationship: \_\_\_\_\_

(For Example: Mary Jones / Mother) \_\_\_\_\_

Secondary Name / Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Primary Cell #: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Cell #: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

### **About You**

Tell us a little bit about yourself and why you would like to be paired with a LIFT 4:10 Mentor.

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### **Favorite Sport**

Please tell us what sport you play, your favorite position and how you would like to improve your game.

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**Your Aspirations:** Please tell us about the person you aspire to become.

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## **Letters of Recommendation**

Please submit 3 letters of recommendation; one (1) from a teacher and two (2) from non-family members. The letters of recommendation should be emailed directly by the teacher / non-family member to info@LIFT410.org

## **Applicant Pledge**

- **Honesty:** I pledge that I will be truthful and honorable in all my LIFT 4:10 interactions.
- **Time:** I pledge to make the most of my time with my LIFT 4:10 mentor. I agree to be on-time and prepared for all mentoring sessions; completing my assignments to the best of my abilities.
- **Academics:** I pledge to do everything I can to make it to all my school classes and put forth the effort in the classroom to be as successful as I can be. I will collect progress reports from my teachers to share with my mentor.
- **Respect:** I pledge to be a respectful, law-abiding citizen in the community. I pledge to stay completely away from tobacco products, alcohol and illegal drugs.

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Applicant Signature

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Date

## **Parent Approval**

We approve of our child participating in the LIFT 4:10 program. We also authorize his/her teachers, coaches, guidance counselors and other school officials to speak to LIFT 4:10 mentors about the well-being of our child and to receive periodic updates on his/her progress. We pledge that the information contained in this application is correct and accurate to the best of our knowledge.

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Parent / Legal Guardian Signature

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Date

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Parent / Legal Guardian Signature

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Date

## **Application Submission**

Please mail completed / signed application to the following address:

LIFT 4:10

184 Plantation Dr.

Mooresville, NC

28117



## ***Liability Waiver / Medical Release Form***

Participant Name: \_\_\_\_\_ Parent(s)/Legal Guardian: \_\_\_\_\_

I/We, the above parent(s) / legal guardian of the player listed above, do hereby consent to their participation in the LIFT 4:10 Mentoring Program, including all activities incidental to the program. I/We assume all responsibilities for, and risk and hazards of, their participation in LIFT 4:10 activities, including transportation to and from all activities of the program. In consideration of LIFT 4:10, conducting the above program, I/We do hereby release LIFT 4:10 and all mentors, leaders, board members, instructors, counselors, coaches, volunteers, participants, field owners, organizers, affiliations and all other agents of any and all claims, demands, rights and causes of action of whatever kind and nature and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from their participation in LIFT 4:10 and all activities incidental to LIFT 4:10.

I/We also hereby grant permission to LIFT 4:10 mentors, leaders, board members, instructors and counselors to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all program activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless LIFT 4:10, the mentors, leaders, board members, organizers, board members, instructors, counselors, volunteers, participants and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

Parent / Legal Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Parent / Legal Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### **HEALTH INSURANCE INFORMATION**

Insurance Company Name: \_\_\_\_\_ Policy / Certificate #: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_