



Rites of Passage, Men's Summit, Leadership Academy

Email Form to: aaecfinc@gmail.com

Mail in Form to: AAECF, Inc., P.O. Box 1730, Riverhead, NY 11901

Each page must be completed by all youth participating in Rites of Passage, Men's Summit, Leadership Academy.

Be sure to complete all sections and sign where requested!

Program Overview

The Rites of Passage, Men's Summit and Leadership Academy are geared towards young men (grades K-12) with the goal of increasing school attendance and graduation rates. Participants will receive mentorship from professionals in fields including finance, human services, law enforcement, and entrepreneurship. Additionally, participants will have exposure to personal and professional growth activities including in-depth dialogues, and field trips.

Name of Youth Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Email Address: _____

Date of Birth: _____ Grade: _____

Parental Permission and Release of Liability

I hereby give my son (named above) permission to participate in the Rites of Passage Men's Summit Leadership Academy. Although the program coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury due to participation in the academy. Furthermore, I release the owner and driver of any vehicle transporting my child from any liability in case of illness or injury.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Medical Emergency Authorization and Health Information

In case of sudden illness or an accident requiring immediate treatment or surgery during the academy, I authorize the coordinator (s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above-named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of Parent/Guardian Primary Phone Number Secondary Phone Number

Email Address

Additional Emergency Contact Primary Phone Number Secondary Phone Number

Email Address

The following information is provided as an aid to the program coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions that may impact participation:

Pick-Up Authorization

In addition to the parent/guardian(s)/emergency contact listed above, please list the names of any possible persons authorized to pick up the above referenced youth participant.

Please Note: Photo ID's must be presented at the time of pick up.

Name Relationship to Participant Primary Phone Number Secondary Phone Number

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Authorization for Self-Checkout (For Participants Ages 14 or Older)

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.

I grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

Signature of Parent or Guardian:

Rites of Passage Men’s Summit Leadership Academy Code of Conduct

The primary purpose of the Code of Conduct is to ensure the safety and well-being of all participants at events and activities hosted Rites of Passage Men’s Summit Leadership Academy. It applies to all participants including minors, their parents, and volunteers. As a participant in this program, I will:

- Conduct myself in a courteous manner and treat members, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Respect and adhere to the rules and guidelines of the program including all those specific to this event or activity.
- Uphold an individual’s right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey local, state and federal laws.

Participants who fail to adhere to the Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the academy and future programs.

I have been given a copy of the rules for this event and agree to abide by them. I have conveyed this information to the youth participant for which I am responsible.

Signature Participant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Media Policy and Release

The Rites of Passage Men's Summit Leadership Academy routinely promotes programs and activities involving minors through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the story.

I consent to having my name and photos included.

No, do not use my individual picture or name for any purpose. I will make an effort to avoid opportunities to be in group photos.

Young Men Transitional and Mentor Program: Rites of Passage, Men's Summit, Leadership Academy is under the auspices of and a Division of the AAECF, Inc.

