MEN BEYOND PURPOSE

YOUTH PARTICIPANT APPLICATION

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CHILD / PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ Current Grade: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

School: _____ Child's Phone: _____

Child's Email: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Child: _____ Phone Number: _____

Email Address: _____

Home Address (if different): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____

PARTICIPANT INFORMATION

Why are you interested in having your child participate in Men Beyond Purpose?

What are some of your child's interests, hobbies, or talents?

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PARTICIPANT INFORMATION - CONTINUED

Are there areas where you would like your child to receive additional guidance or mentorship?

List allergies, medical conditions, medications, dietary restrictions, or other needs we should know about:

PARENT / GUARDIAN CONSENT

I give permission for my child to participate in Men Beyond Purpose programs, mentoring activities, meetings, workshops, community service projects, and other approved activities. I understand that Men Beyond Purpose is committed to providing a positive, respectful, and safe environment for youth participants.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

PHOTO / VIDEO PERMISSION

Men Beyond Purpose may take photographs or videos during programs, events, community activities, and special occasions for organizational, promotional, social media, or community outreach purposes.

☐ YES, I give permission for my child to be photographed or recorded.

☐ NO, I do not give permission for my child to be photographed or recorded.

Parent/Guardian Initials: _____

FOR MEN BEYOND PURPOSE USE ONLY

Date Application Received: _____ Reviewed By: _____

Participant Age Group: ☐ Explorers (10-12) ☐ Builders (13-15) ☐ Launch Leaders (16-18)

Notes: