

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program **Application**

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104



MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Please complete the following:

Last Name: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____ City _____ Zip Code: _____

E-Mail Address: _____ Home Phone: _____ Cell: _____

Shirt Size: Men's/Boy's T-shirt/Polo Shirt (circle one) S, M, L, XL, XXL, XXXL

Men's/Boy's Jackets (circle one) S, M, L, XL, XXL, XXXL

Dress Shoe Size: _____

Belt/Waist Size: _____

Dress Shirt Neck Size: _____

Dress Shirt Sleeve Length: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

SCHOOL INFORMATION

Name of School for 2018-2019: _____

Grade Level for 2018-2019: _____

Name of School for 2019-2020: _____

Grade Level for 2019-2020: _____

Strongest Academic Subject: _____ Weakest Academic Subject: _____

Honors and Awards: (Including AP Classes): _____

Career Goals: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

TELL US MORE ABOUT YOU

List all non-school related organizations and clubs to which you belong: _____

List the community service projects in which you participated during the school year:

List the extra-curricular school activities in which you participated during the school year:

What are your hobbies? _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

List your special talents and skills: _____

What, if anything, would prevent you from fully participating in the Alpha P.H.I.R.S.T. Saturday programs?

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

PARENT/GUARDIAN INFORMATION

(PLEASE PRINT)

Mother's Name: _____ Father's Name: _____

Guardian Name: _____

Home Phone #: _____ Besttime to call: (__ Morning, __ Afternoon, __ Evening)

Mother's Work #: _____ Cell Phone #: _____

Father's Work #: _____ Cell Phone #: _____

Guardian's Work #: _____ Cell Phone #: _____

E-Mail Address for Parent/Guardian: _____

Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

PARENT PERMISSION TO PARTICIPATE, PHOTOGRAPH, GRADES AND GPA RELEASE

Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

My son _____ has my permission to participate in all activities organized by or through Alpha Phi Alpha Fraternity, Inc. Alpha Upsilon Lambda Chapter 2018- 2020 Alpha P.H.I.R.S.T to include programs dealing with "Teen Pregnancy and Sexually Transmitted disease." I also grant permission to use photographic records (website, newsletter, flyers) for promotional purposes without recourse or compensation.

I further agree that my son's grades and academic performance can be accessed by a member of the "Alpha P.H.I.R.S.T." committee who is employed by Montgomery County School.

Parent/Guardian Name: _____ Date: _____

(Please Print)

Parent/ Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

PARENTAL/GUARDIAN MEDICAL PERMISSION AND EMERGENCY CONTACT

My son _____ has permission to participate in the Alpha Phi Alpha Fraternity, Inc., Alpha Upsilon Lambda Chapter's 2018-2020 "Alpha P.H.I.R.S.T" program. He is in good physical condition and has not had any serious illness or operation since his last health examination. In case of an emergency, I may be reached at:

Address: _____

Phone #: _____ Other Phone #: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Phone #: _____

Address: _____

Relationship to Teen: _____

Physician Name: _____ Phone #: _____

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

MEDICAL RELEASE FORM

Applicant's Last Name _____ First Name: _____ Middle Initial _____

In the event of an emergency the undersigned parent/guardian does hereby consent to Alpha Phi Alpha Fraternity, Inc., Alpha Upsilon Lambda Chapter to seek any and all medical treatment, including transporting my son to the nearest emergency facility and the administration of anesthesia and surgery, by a qualified physician. No action shall be taken until an attempt is made to contact me or the person named above at the phone numbers listed herein. I guarantee payment of all charges incurred for medical treatment.

Please list all illnesses, allergies (including Penicillin) or current medication that your son is currently taking.

Parent/Guardian: _____

(Please Print)

Parent/ Guardian Signature: _____ Date: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

HOLD HARMLESS FORM

Alpha P.H.R.I.S.T

RELEASE AND WAIVER OF LIABILITY

For and in consideration of the agreement of the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. to permit me to voluntarily participate in the Alpha P.H.I.R.S.T program conducted by the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. to take place during the 2018-2020 academic years, I hereby generally and forever release and discharge without limitation, and agree not to sue Alpha Phi Alpha Fraternity, Inc., the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., individual members of the Alpha Upsilon Lambda Chapter of Alpha Fraternity, Inc., and/or their respective officers, employees and agents, or those assisting with Alpha P.H.R.I.S.T from and against any and all manner of claims, causes of action, or liability which I may have now or at any time in the future against the Alpha Phi Alpha Fraternity, Inc., the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., individual members of the Alpha Upsilon Lambda Chapter of Alpha Fraternity, Inc., and/or their respective officers, employees and agents or those assisting with Alpha P.H.I.R.S.T, which may arise out of or relate to any injury (including, but not limited to death), loss, damage or harm of any kind which may result or may happen to me while I am participating in the Alpha P.H.I.R.S.T, including any injury (including, but not limited to death), loss, damage or harm which may result from the negligence of Alpha Phi Alpha Fraternity, Inc., the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., individual members of the Alpha Upsilon Lambda Chapter of Alpha Fraternity, Inc., and/or their respective officers, employees and agents or those assisting with Alpha P.H.I.R.S.T .

_____. (Please initial)

I further agree to indemnify, defend, protect, and hold harmless Alpha Phi Alpha Fraternity, Inc., the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., individual members of the Alpha Upsilon Lambda Chapter of Alpha Fraternity, Inc., and/or their respective officers, employees and agents, and those assisting with Alpha P.H.I.R.S.T, from and against any and all manner of claims, causes of action, or liability, arising out of or relating to any accident, injury or damage, including, but not limited to death, to me which may occur during my voluntary participation in Alpha P.H.I.R.S.T .

_____. (Please initial)

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

I further state that I will abide by any and all rules and regulations set forth by the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. and Alpha Phi Alpha Fraternity, Inc. I further acknowledge and agree that my intentional or inadvertent failure to abide by these rules may result in my immediate removal from the Alpha P.H.I.R.S.T.

_____. (Please initial)

I assume all risks inherent in Alpha P.H.I.R.S.T activities and have notice of all the risks inherent in such activities including, but not limited to, risks involving (i) athletic, sporting, and exercise activities involving rigorous physical activity or physical contact, and/or the use of potentially hazardous equipment. I understand that some of the activities may result in serious injuries or death.

_____. (Please initial)

I will maintain all medical and health insurance which I deem necessary to cover all risks of any kind in regard to Alpha P.H.I.R.S.T activities.

_____. (Please initial)

I will at all times wear and use all safety equipment and follow all safety procedures as directed by the Alpha Phi Alpha Fraternity, Inc., the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., individual members of the Alpha Upsilon Lambda Chapter of Alpha Fraternity, Inc., and/or their respective officers, employees and agents and those assisting in Alpha P.H.I.R.S.T activities. I agree that I will not utilize any equipment, materials or facilities unless I fully understand the safe and proper use of such equipment, materials and facilities.

_____. (Please initial)

I agree not to take part in any Alpha P.H.I.R.S.T activities that would represent a danger to me due to my health or physical condition, regardless of whether I have disclosed such condition to any officer, agent or employee of the Alpha Phi Alpha Fraternity, Inc., the Alpha Upsilon Lambda Chapter of Alpha Phi Alpha Fraternity, Inc., individual members of the Alpha Upsilon Lambda Chapter of Alpha Fraternity, Inc., and/or their respective officers, employees and agents or those assisting in Alpha P.H.I.R.S.T activities. I agree that if I do undertake any such activities, I do so solely at my own risk and peril.

_____. (Please initial)

2018-2020 Alpha P.H.I.R.S.T: Empowering Young Men for A Brighter Future

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY SHALL BE BINDING UPON MY SURVIVORS, HEIRS, SUCCESSORS, AND ASSIGNS. I AM AWARE THAT THIS RELEASE AND WAIVER OF LIABILITY IS A RELEASE OF LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY FOR NEGLIGENCE, AND AN INDEMNIFICATION AGREEMENT, AND I SIGN IT OF MY OWN FREE WILL AS A VOLUNTARY CONDITION OF BEING PERMITTED TO TAKE PART IN THE ALPHA P.H.R.I.S.T. ACTIVITIES.

_____. (Please initial)

This Release and Waiver of Liability is in addition to and does not revoke or modify any other agreement or release which I may execute in connection with the Alpha P.H.I.R.S.T. This Release and Waiver of Liability shall be construed and enforced in accordance with the laws of the State of Alabama, without regard to its choice of law principles.

Since the participant is under the age of eighteen (18) years, this Release and Waiver of Liability must be executed by the participant's parents:

Name (Please Print): _____ Date: _____

Participant's Signature: _____ Date: _____

_____ Date: _____

Parent(s) Name (Print): _____ Date: _____

Parent(s) Signature: _____ Date: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

PARENT/GUARDIAN AGREEMENT

In order for "Alpha Academy" to run more efficiently, Alpha Phi Alpha Fraternity, Inc., Alpha Upsilon Lambda Chapter and the Alpha P.H.R.I.S.T Committee require this agreement with parent/guardians.

Your Signature below confirms the agreement:

- ** To participate in Parent/Guardian Group sponsored activities.
- ** To provide or arrange transportation for your son to arrive at events at the time specified in notices.
- ** To provide or arrange transportation for your son to be picked up no later than 15 minutes following the end of an event or the posted time of dismissal. After the expiration of this time period, you release the sponsor Alpha P.H.R.I.S.T. from any responsibility or liability for your son.

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Alpha Upsilon Lambda

Alpha P.H.I.R.S.T. 2018 – 2020 Mentoring Program Application

Alpha Phi Alpha Fraternity, Inc.

754 South Jackson Street Montgomery, Alabama 36104

“ALPHA P.H.I.R.S.T.” APPLICATION CHECKLIST”

This page is for your personal use and should **not** be returned with your application package.

Place a check mark next to the items below to ensure all items are included in your information packet:

_____ Personal Information form (Signed and dated)

_____ Letter of Recommendation (Optional)

_____ Parent/Guardian Consent/Agreement Form (Signed and dated)

_____ Application Package Mailed

Note:

All forms must be completed, signed, and dated for your son to participate in “Alpha P.H.R.I.S.T.”