

Men of Tomorrow Application Form

Alpha Education Foundation

Delta Delta Lambda Chapter

Date

Personal Information [Click or tap here to enter text.](#)

Youth Participant Name* [Click or tap here to enter text.](#)

Grade Level*

School Name*

MOT Participant Email Address

Parent/Guardian Name*

Home Address*

Home Phone Number / Cell Number*

Parent/Guardian Email Address (Type N/A if unavailable)*

Medical Information

Does your child have any physical challenges or limitations?*

Yes

No

If yes please List.

Does your child have any allergies?*

Yes

No

If yes please list

Emergency Contact Name*

Emergency Contact Number*

Primary Care Physician (Name & Number)*

How did you hear about us?

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Consent

Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter appreciates you and your child's interest in his becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son to participate in the Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter Go-To-High-School, Go-To-College Mentoring Program. I give my informed consent and permission for my child to participate in the Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter, Go-To-High-School, Go-To-College Mentoring Program and its related activities.

[Consent](#) (Circle one) Yes or No

I agree to have my child follow all Go-To-High-School, Go-To-College Mentoring Program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

[Consent](#) (Circle one) Yes or No

I hereby acknowledge that my child will be transported by Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter, staff or representatives while participating in the Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter, Go-To-High-School, Go-To-College Mentoring Program, and that such transportation is voluntary and at his own risk.

[Consent](#) (Circle one) Yes or No

I release the Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter, of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter, mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined. [Consent](#) Yes or No

I agree to allow Alpha Phi Alpha Fraternity, Inc., Delta Delta Lambda Chapter, to use any photographic image of my child taken while participating in the Go-To-High-School, Go-To-College Mentoring Program. These images may be used in promotions or other related marketing materials. [Consent](#) (Circle one) Yes or No

By checking this box, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

[Consent](#) (Circle one) Yes or No

Miscellaneous Needs

Please share any special hobbies and/or skills your child possesses. [Click or tap here to enter text.](#)

Please select the most accurate T-shirt size: [Choose an item.](#)