

Applicant Information		County: ☐ SHELBY ☐ DARKE ☐ Other:			
Child's Name:		Program Type Preference: CB SB SB+			
Birthdate:	Birthdate: Age:		Record Type: Little Site Preference:		
Parent/Guardian:		Child resides primarily with:			
Relationship to Child:		Addres	s:		
Do you have legal custody o	of the child?	City:	Stat	e: Zip Code:	
Is there someone who share	es legal custody of this child?	If there is another person with legal custody are			
□ Yes □ No		they aware and supportive of becoming involved in			
If yes, name:		the BBBS program? □ Yes □ No			
Child Contact Information	- if child does not have any of	fthasa iy	at remit a N/A for no	at applicable	
Child's Preferred Name/Nic		r triese, ju	Best Time to Call		
Preferred Email: Personal Work Other None		Preferred Phone: Home Mobile			
			Work		
Personal Email:		Mobile:			
School Email:			Home Phone:		
<b>Demographic Information</b>					
School:		Race/Eth			
				☐ Black/African American	
				nic/Latino	
		Multi-Rac	e or Other, please lis	t below:)	
Graduation Year:		Nationali	•		
Grade:	T-Shirt Size:	Tribal Af	fliation:		
	<del></del>				
Developmental Diagnoses		Exposure	e to Trauma		
Developmental Diagnoses  ☐ ADD			e <b>to Trauma</b> onal Abuse	□ Domestic Abuse	
□ ADD	□ ADHD		onal Abuse	☐ Domestic Abuse ☐ Community Violence	
□ ADD □ Asperger's Syndrome	☐ Autism	☐ Emotio	onal Abuse lessness	☐ Domestic Abuse ☐ Community Violence ☐ Death of a Parent	
□ ADD		☐ Emotio	onal Abuse lessness cal Incarceration	☐ Community Violence	
□ ADD □ Asperger's Syndrome □ Down Syndrome	□ Autism □ Dyslexia	☐ Emotion ☐ Homel ☐ Parent ☐ Negleo	onal Abuse lessness cal Incarceration ot	☐ Community Violence ☐ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability	□ Autism □ Dyslexia □ Learning Disability	☐ Emotio ☐ Homel ☐ Parent ☐ Negleo ☐ Other:	onal Abuse lessness cal Incarceration ct	☐ Community Violence	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment	☐ Autism ☐ Dyslexia ☐ Learning Disability ☐ Epilepsy	☐ Emotio ☐ Homel ☐ Parent ☐ Negleo ☐ Other:	onal Abuse lessness cal Incarceration et	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss	☐ Autism ☐ Dyslexia ☐ Learning Disability ☐ Epilepsy ☐ Hearing Impairment ☐ Paralysis/Mobility	☐ Emotio ☐ Homel ☐ Parent ☐ Negleo ☐ Other:	onal Abuse lessness cal Incarceration et	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury	☐ Autism ☐ Dyslexia ☐ Learning Disability ☐ Epilepsy ☐ Hearing Impairment ☐ Paralysis/Mobility	☐ Emotio ☐ Homel ☐ Parent ☐ Negleo ☐ Other:	onal Abuse lessness cal Incarceration et	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information	☐ Autism ☐ Dyslexia ☐ Learning Disability ☐ Epilepsy ☐ Hearing Impairment ☐ Paralysis/Mobility	☐ Emotio ☐ Homel ☐ Parent ☐ Negleo ☐ Other:	onal Abuse lessness cal Incarceration et	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury	☐ Autism ☐ Dyslexia ☐ Learning Disability ☐ Epilepsy ☐ Hearing Impairment ☐ Paralysis/Mobility	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other:	onal Abuse lessness cal Incarceration et	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other:	☐ Emotio ☐ Homel ☐ Parent ☐ Negleo ☐ Other: ————————————————————————————————————	onal Abuse lessness cal Incarceration et	☐ Community Violence ☐ Death of a Parent ————————————————————————————————————	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other:	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other: ☐ Other: ☐ Additional	onal Abuse lessness tal Incarceration et ated Parent?	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$30,000 - \$34,999	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other: ☐ Other: ☐ Additional	onal Abuse lessness cal Incarceration et	☐ Community Violence ☐ Death of a Parent ————————————————————————————————————	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$39,999	☐ Autism ☐ Dyslexia ☐ Learning Disability ☐ Epilepsy ☐ Hearing Impairment ☐ Paralysis/Mobility ☐ Other: ☐ \$10,000 - \$14,999 ☐ \$20,000 - \$24,999 ☐ \$30,000 - \$34,999 ☐ \$40,000 - \$44,999	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other: ☐ Other: ☐ Additional	onal Abuse lessness tal Incarceration et ated Parent?	☐ Community Violence ☐ Death of a Parent ————————————————————————————————————	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$39,999 □ \$45,000 - \$49,999	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$30,000 - \$34,999 □ \$40,000 - \$44,999 □ \$50,000 - \$54,999	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other: ☐ Other: ☐ Additional	onal Abuse lessness tal Incarceration et ated Parent?	☐ Community Violence ☐ Death of a Parent ————————————————————————————————————	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$39,999 □ \$45,000 - \$49,999 □ \$55,000 - \$59,999	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$30,000 - \$34,999 □ \$40,000 - \$44,999 □ \$50,000 - \$54,999 □ \$60,000 - \$64,999	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other: ☐ Other: ☐ Additional	onal Abuse lessness tal Incarceration et ated Parent?	☐ Community Violence ☐ Death of a Parent ————————————————————————————————————	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$39,999 □ \$45,000 - \$49,999 □ \$55,000 - \$59,999 □ \$65,000 - \$69,999	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$30,000 - \$34,999 □ \$40,000 - \$44,999 □ \$50,000 - \$54,999 □ \$60,000 - \$64,999 □ \$70,000 or over	☐ Emotion ☐ Homel ☐ Parent ☐ Negled ☐ Other: ————————————————————————————————————	onal Abuse lessness cal Incarceration et  ated Parent?   al information regal like to share:	□ Community Violence □ Death of a Parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$39,999 □ \$45,000 - \$49,999 □ \$55,000 - \$59,999 □ \$65,000 - \$69,999 Number of people (adults &	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$30,000 - \$34,999 □ \$40,000 - \$44,999 □ \$50,000 - \$54,999 □ \$60,000 - \$64,999 □ \$70,000 or over children) in home:	☐ Emotion ☐ Homel ☐ Parent ☐ Negled ☐ Other: ————————————————————————————————————	onal Abuse lessness tal Incarceration of  atted Parent?   al information regal like to share:	☐ Community Violence ☐ Death of a Parent ————————————————————————————————————	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$39,999 □ \$45,000 - \$49,999 □ \$55,000 - \$59,999 □ \$65,000 - \$69,999 Number of people (adults & Family Receives Income As	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$20,000 - \$34,999 □ \$40,000 - \$44,999 □ \$50,000 - \$54,999 □ \$60,000 - \$64,999 □ \$70,000 or over children) in home: □ Yes □ No	☐ Emotion ☐ Homel ☐ Parent ☐ Negleon ☐ Other: ————————————————————————————————————	ponal Abuse lessness cal Incarceration et  ated Parent?   al information regal like to share:  Parent?   Yes hich Branch:	☐ Community Violence ☐ Death of a Parent  Yes ☐ No  Arding incarcerated parent	
□ ADD □ Asperger's Syndrome □ Down Syndrome □ Intellectual Disability □ Visual Impairment □ Memory Loss □ Cerebral Palsy □ Traumatic Brain Injury  Family Information Household Income □ Less than \$10,000 □ \$15,000 - \$19,999 □ \$25,000 - \$29,999 □ \$35,000 - \$29,999 □ \$45,000 - \$49,999 □ \$65,000 - \$69,999 Number of people (adults & Family Receives Income As Public Housing? □ Yes	□ Autism □ Dyslexia □ Learning Disability □ Epilepsy □ Hearing Impairment □ Paralysis/Mobility □ Other: □ \$10,000 - \$14,999 □ \$20,000 - \$24,999 □ \$20,000 - \$34,999 □ \$40,000 - \$44,999 □ \$50,000 - \$54,999 □ \$60,000 - \$64,999 □ \$70,000 or over children) in home: □ Yes □ No	☐ Emotion ☐ Homel ☐ Parent ☐ Negled ☐ Other: ————— Incarcera Additional — if would  Military I If Yes, WI Parent De	onal Abuse lessness tal Incarceration of  atted Parent?   al information regal like to share:	Community Violence Death of a Parent  Yes No  arding incarcerated parent  No	



System Information (Juvenile Court/Children's	Services)		
System Involvement:	Agency/Contact Person:		
System Involvement Update:	rstem Involvement Comments:		
Child's Living Situation:			
☐ Two-parent household	☐ One-parent household (☐ Female / ☐ Male)		
☐ Other Relative of Child (non-parent)	☐ Foster Home		
Other:	☐ Group Home		
- Other.	L Group Home		
Parent/Guardian Information			
Primary Parent/Guardian Name:			
1			
Home Address:			
☐ Same as child			
Parent/Guardian Workplace:			
Relationship to child:	Work Contact Phone Number:		
Home Phone:	Can you be reached at work?		
Mobile Phone:	Work Email:		
Is it ok to text? ☐ Yes ☐ No	Record Type: Parent/Guardian		
Best Contact: Home Cell/Mobile Work	Best time to reach:		
Is it ok to add your email to our mailing list?	☐ Yes ☐ No Which email? Home Work		
Additional Parent/Guardian Information			
Additional Parent/Guardian Name:			
Additional Parent/Guardian Name:			
77 7.11			
Home Address:			
☐ Same as child			
Parent/Guardian Workplace:			
Relationship to child:	Work Contact Phone Number:		
Home Phone:	Can you be reached at work? ☐ Yes ☐ No		
Mobile Phone:	Work Email:		
Is it ok to text? ☐ Yes ☐ No	Record Type: Parent/Guardian		
Best Contact: Home Cell/Mobile Work	Best time to reach:		
Is it ok to add your email to our mailing list?	☐ Yes ☐ No Which email? Home Work		
Additional Adult Contact Person for Child in the	-		
Name:	Phone Number:		
Relationship to child/family:			
Address:			
Internet & Virtual Capabilities			
Do you have Wi-Fi or Internet Access:	Do you have a computer or device for virtual meetings?		
□ Yes □ No	Tyes Tho		



### **ADDITIONAL QUESTIONS**

1. What is the primary reason for your wanting your child to have a Big Brother or Big Sister?
2. Does your child know that you are applying for the program? Does your child want to participate?
3. Where did you hear about Big Brothers Big Sisters?
4. Do you have siblings you are interested in applying for the program or who are currently in the program?
5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?   Yes  No If yes, please explain:
6. Will your child be able to meet with their Big at least twice a month for the next year?   Yes  No
7. Does your child have any special medical conditions or allergies that might affect him or her from participating in activities or need to be shared with a Big Brother/Big Sister?   Yes  No If yes, please explain:
8. Has your child ever been arrested or involved in the juvenile justice system? (Answering yes to this question will not affect your child's acceptance into Big Brothers Big Sisters program.)
Yes No If yes, please explain:
9. Within the last year, has your child been in any trouble at school?
10. Several of our schools also have site-based programs that take place either after school or during the school day. If we have an available space in a site-based program at your child's school, can we utilize this information to be used for that application as well.   Yes* No  No  *If marked yes, we will contact you with additional information.)
Orientation, Interview, Pre-Match Training Office Information     Interviewer/Case Manager:



#### PERMISSION AND ACKNOWLEDGEMENT OF PROGRAM GUIDELINES AND POLICIES

By signing below, I give permission:

- 1. For my child to participate in the Big Brothers Big Sisters Program;
- 2. For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters, to transport my child to events and match activities;
- 3. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
- 4. To have my child participate in an in-take interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
- 5. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
- 6. For BBBS staff to provide contact information for me and my child to the volunteer.
- 7. I give permission for Big Brothers Big Sisters to use my child's name, photograph, or video footage from events and activities in publications and promotional materials and on social media posts.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person or virtual interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I, on behalf of myself and my child, completely release and forever discharge Big Brothers Big Sisters of Shelby & Darke county and its employees, agents, members, volunteers and all other persons on its behalf, together with any successors in interest, heirs, attorneys, agents, representatives, and all persons acting by, through, under, or in concert with them from all known and unknown charges, complaints, claims, grievances, liabilities, obligations, promises, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts, penalties, fees, wages, attorneys' fees and costs, and punitive damages of any kind or nature whatsoever, whether known or unknown, which I may have, or may have had, against Big Brothers Big Sisters of Shelby & Darke county arising from any participation in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as their guardian. I intend and understand that this release and discharge is to be interpreted and enforced so as to provide the broadest release and discharge possible as may be permitted by law. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.



# PHOTO CONSENT AND RELEASE FORM Parent/Guardian & Minor Child

I,, legal parent or guardian of	("Minor Child"),
irrevocably consent for myself and Minor Child to any and all uses and displays of my	or Minor Child's name,
image, likeness, appearance, basic biographical information, audio/video recordings, v	writings, artwork, and the
like, in original form or in modified form, in whole or in part, in, on, or in connection v	vith merchandise,
advertising, publicity, marketing, fundraising, and the like, in printed or electronic me	edia, of any type, throughout
the world at any time by Big Brothers Big Sisters of America and Big Brothers Big Sis	ters of Shelby & Darke
County in their sole discretion, and by any of their affiliates, successors, partners, spo	nsors, donors, any entities
or persons with whom they conduct any public relations, marketing, or fund raising of	of any type, and any other
authorized third parties, without further consent from me or Minor Child, without an	ny royalty, payment, or other
compensation to me or Minor Child, and with the release and waiver of any claims, ac	tions, damages, losses, costs
expenses and liability of any kind arising from any such use (the "Released Material").	

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I further understand that BBBSA may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSA my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me or Minor Child for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA's and/or its affiliates' editing, alteration or use of the Released Materials. BBBSA has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I or Minor Child may now or hereafter have arising in connection with BBBSA's exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.



#### COPPA PARENTAL CONSENT FORM

Notice to Parents In compliance with the Children's Online Privacy Protection Act (COPPA), parents (or legal guardians) of children under 13 years of age must consent to collections, uses and disclosures of the personal information of their children collected by Big Brothers Big Sisters of Shelby & Darke county on Big Brothers Big Sisters of Shelby & Darke county and NATIONAL websites, including www.bigbrobigsis-shelbydarke.org, bbbs.org, MatchConnect, bbbsa.force.com, forms.bbbs.org and formstack.io. Big Brothers Big Sisters of Shelby & Darke county COPPA statement is incorporated in the website Privacy Policy here: Big Brothers Big Sisters of Shelby & Darke county may have collected your online contact information from your child, as well as the name of the child or the parent, in order to obtain your consent. Your permission is required for the collection, use, or disclosure of your child's personal information. We will not grant your child access to any BBBS website account unless you provide us with permission. BBBS website accounts provide access to BBBS content, materials, and resources relating to BBBS programs and activities, including information pertaining to [MATCHES ETC.]

By signing and returning this form to Big Brothers Big Sisters of Shelby & Darke County, you certify that you consent to the collection, use and/or disclosure of your child's personal information as described in Big Brothers Big Sisters of Shelby & Darke County's privacy policy.

You may revoke your consent at any time to refuse further collection and use of your child's information. If you desire to revoke this consent, please write down your revocation of consent and scan and email the signed form to info@bigbrobigsis-shelbydarke or mail it to us at Big Brothers Big Sisters of Shelby & Darke county P.O. Box 885 Sidney, OH 45365.

#### **ACTIVITY/TRANSPORTATION RELEASE**

Verifiable Parental/Guardian Consent

I hereby signify that I understand that Big Brothers Big Sisters of East Central Ohio and all other organizations and persons connected with BBBS sponsored activities are not to be held responsible for any injuries which I or my child may suffer while taking part in such activities or as a result thereof. I also hereby signify that I understand that the volunteer and/or staff from the BBBS organization will be transporting my child to and from activities and match related outings. BBBS will not be held responsible for any injuries which my child may suffer while being a passenger in the volunteer's/staff person's car. In this connection, I hereby waive any claim for damages to my person or property against BBBS.

I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.

CHILD'S FULL NAME:	CHILD'S DATE OF BIRTH _	//
PARENT/GUARDIAN PRINTED NAME:		
PARENT/GUARDIAN SIGNATURE:	DATE:	