



## Domus Social Justice Leadership Academy 2018 Enrollment Form

Please print legibly in ink or complete as a Word document. Please maintain formatting if filling in using the computer.

### **Section 1: Student Information**

Full name of student participant: \_\_\_\_\_

Preferred name to be used: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade Sept. 2018: \_\_\_\_\_ Primary language: \_\_\_\_\_

Student permanent address (include Apt. #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

School name: \_\_\_\_\_

### **Race/ethnicity (X all that apply)**

White or Euro-American  Black, Afro-Caribbean, or African American  Latino or Hispanic

American  East Asian or Asian American  South Asian or Indian American  Middle Eastern or

Arab American  Native American or Alaskan native. Other \_\_\_\_\_

### **Gender (X all that apply)**

Male  Female  Nonbinary  Transgender  Cisgender  Two-spirit  Genderqueer

Other \_\_\_\_\_

### **Sexual Orientation (X all that apply)**

Gay  Lesbian  Bisexual  Heterosexual  Asexual  Pansexual. Other \_\_\_\_\_

**Please use this space to share your reasons for wanting to attend the training. Include your particular interests and ways you are currently or have been involved in social justice issues.**

### **Section 2: Parent/Guardian Information**

Name: \_\_\_\_\_

Cell number: \_\_\_\_\_ Work/personal email: \_\_\_\_\_

I understand if my child is accepted into the Domus Social Justice Leadership Academy, hereinafter called SJLA, I am responsible for providing current contact and medical information for my child/ward *prior to the start of the SJLA.*



### **Section 3: Domus Social Justice Leadership Academy Permissions**

**Participant name:** \_\_\_\_\_

Yes No **Permission to Remove**

I understand that if any person authorized to pick up my child appears to be under the influence of alcohol or drugs, Domus staff will not release my child to this person and will contact me immediately. I understand that once my child leaves the program (at 83 Lockwood Avenue in Stamford and off-site outings), Domus staff is no longer responsible for my child. I understand that should my child leave the program prior to its formal end, s/he will not be permitted back that day.

Yes No **Permission to Provide Medical Treatment/Transport to Medical Facility**

I give permission for Domus appropriately trained staff to take medically necessary steps to treat my child, including administering First Aid and CPR. I give permission for my child to be transported to Stamford hospital or the nearest hospital for emergency medical treatment, if necessary. I understand that program staff will notify me immediately if my child requires any emergency medical care.

**\*Initial here if your child self-administers a medication:** \_\_\_\_\_ **Med name:** \_\_\_\_\_

**\*Initial here if your child has any allergies:** \_\_\_\_\_ **Allergic to:** \_\_\_\_\_

Yes No **Photography / Video Release**

In order to accurately tell the story of Domus we periodically take pictures and videos and interview students and invite the media to do the same. By signing below, you give your consent for Domus or invited media to take such images and assign the rights to copy, photograph, or otherwise use the likeness, quotes, and descriptions of your child or children.

Yes No **Permission to Transport to an Off-Site Location**

I understand that part of the academy experience may include off-site visit(s) and give permission for Domus staff members authorized to transport volunteers to take my child in a Domus-owned vehicle to the offsite(s), where they will be supervised by Domus staff.

#### **Additional Person(s) Authorized to Pick-up**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN:** via email (preferred) to [jwade@domuskids.org](mailto:jwade@domuskids.org), or by mail to Julia Wade, Domus, 83 Lockwood Avenue, Stamford, CT 06902