**CONNECT2BETTER** LEADERSHIP

#  Student Registration Form I.D.#\_\_\_\_\_

Student Name (Last, First):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Month/Date/Year):\_\_\_ /\_\_\_\_/\_\_\_\_ Gender: Male\_\_\_ Female\_\_\_

Parent/Guardian Name (Last, First):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Grade: 7 8 9 10 11 12 college

What is the student’s primary language spoken at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the parent’s primary language spoken at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of previous and current volunteer/leadership/internship activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List of volunteer/leadership/internship activities you or your student is seeking for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA if applicable\_\_\_\_\_\_\_ SAT/ACT score if applicable\_\_\_\_\_\_\_ Any awards\_\_\_\_\_\_\_\_\_\_

Please provide names, e-mails, and cell phone numbers of enrolling student and parents

Name of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL AUTHORIZATION:

In the event of illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or guardian(s) or participant.

Parent name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_

Medical insurance provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name (Last, First):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.:\_(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dental insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Name (Last, First):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.:\_(\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVERS & PERMISSION & VOLUNTEER DISCLOSURE

I, the undersigned, hereby release and discharge the CONNECT2BETTER, board members, and employees and volunteer staffs from all liability arising out of or in connection with my child’s attendance, volunteering, and any activities with this organization. For the purpose of this agreement, liability means all claims, demands, losses, causes or action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, or assignees may have against the CONNECT2BETTER because of any death, personal injury or illness, or because of any loss or damage to property, that occurs during the enrollment or activities though CONNECT2BETTER. I also give the CONNECT2BETTER the permission to use my photo on its website, brochure, or any kind of promotional products.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

Signature of parent/guardian Date

ACADEMIC SCHOOL YEAR

Enrollment fee: $ 600.00 for Leadership Program only

 $1,200.00 (all inclusive)

T-shirt $11 : S M L Number of T-shirts\_\_\_\_\_\_\_\_\_\_\_ Total amount:\_\_\_\_\_\_\_

Highly Recommended Workshop and Counseling Session for Leadership program students

Forty Sessions of Public Speaking class $800.00

One Session Volunteer, Leadership, Internship Guidance Counseling $50.00

One Session Academic Counseling $100.00

Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

I have read and agree to the fee described above. I understand that a $25.00 return check charge will be applied to each returned check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signature of Student/Adult Date

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\*Please let us know if you or your companies want to be our regular donors or supporters.

\*We offer 100% financial assistance to those who are eligible.

Mission of CONNECT2BETTER

Empowering students to reach their full potential by connecting them to right tools, resources, and the professionals from different career sectors by offering educational seminars, academic counseling, and leadership program

Vision of CONNECT2BETTER

Every student in the Silicon Valley, regardless of socioeconomic standing, language barrier, parent involvement, will have equal access to quality resources and guidance to achieve their higher education and career goals.

What CONNECT2BETTER offer

Public Speaking/Presentation Skill Improvement programs that are essential for students to gain confidence and leadership

Seminars by the professionals from many different career fields so that the students be motivated and inspired choosing the right paths for their education and career

College counseling along with leadership guidance that will motivate students to reach their short term and long term goals in more efficient ways

Volunteering and Internship opportunities that bring valuable humble experiences

Opportunities of networking with community leaders and other volunteers/media exposure

Opportunities of acting as an ambassador of CONNECT2BETTER at work or school

Recommendation letters if needed

Community hours if needed

Certificate of recognition as a volunteer/leader from the Mayors, Congressmen, and other leaders of the community when demonstrated dedication and strong leadership

[www.Connect2Better.org](http://www.connect2better.org)

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