

Phi Phi Chapter of Omega Psi Phi Fraternity, Inc. in partnership with Kiamsha  
presents

# ASALH YOUTH DAY

SATURDAY, OCTOBER 8, 2011 9:00 a.m. - 12:30 p.m.  
Hippodrome, 528 N. 2<sup>nd</sup> Street, Richmond, VA 23219

## Application & Parent Release Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

School you attend: \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES, DIETARY RESTRICTIONS, OR MEDICAL CONDITIONS  
YOUR CHILD HAS:**

## PARENT RELEASE FORM

I \_\_\_\_\_ (Parent/ Legal guardian) understand that the participation of  
\_\_\_\_\_ (Participant) in the ASALH Youth Day.

I understand that signing this release form is an acknowledgment of my consent to participate in the ASALH Youth Day. In addition, it is your responsibility to inform the Program Coordinator of this program of any extenuating circumstances (medical, physical, diet, or mental) that affects the well-being of the participant or might detract from learning experiences of the other participants.

The Phi Phi Chapter of Omega Psi Phi Fraternity, Inc. may photograph my child during the program and I hereby consent to the use of these photos by Phi Phi Chapter of Omega Psi Phi Fraternity, Inc. and Kiamsha.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Name of Parent or Legal Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_