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## “WALK A MILE WITH A CHILD” MENTEE REGISTRATION FORM

Child's Name:

\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Nick Name / AKA

Home Address:

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

\_\_\_\_\_  
City State Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail address(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Interest/Hobbies \_\_\_\_\_

Church \_\_\_\_\_

Known allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Parent/Guardian's Name(s):**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

Home Address:

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

\_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail address(s) \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Talents or Skills: \_\_\_\_\_

Are you willing to be a Program Volunteer? Yes \_\_\_ No \_\_\_ T-Shirt size \_\_\_\_\_

Known allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN CONSENT**

I am the parent or legal guardian of the above child. I hereby consent to the above child participating in the 100 Black Men of Greater Cleveland, Inc. – “Walk a Mile with a Child” mentoring program. I hereby give my permission for medical attention to be sought for the above child in case of emergency, if I cannot be reasonably contacted by telephone. I hereby give my permission for my child’s image to appear in program photographs, videos, flyers, brochures or other 100 BMOGC, Inc. promotional material. I release 100 BMOGC Inc. from liability for any accidental injury or damages caused or suffered by my child due to negligence or recklessness.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Parent/Legal Guardian

Please return this Mentee Registration Form to 100 BMOGC, Inc. Attn. Mentoring Chair, c/o Adrienne Sims, [adriannemsims2@gmail.com](mailto:adriannemsims2@gmail.com). Thank you.