BLACK MUSLIM MEN UNITED FOR A BETTER PHILADELPHIA (BMMU)
MASTER YOUTH REGISTRATION, PARENTAL CONSENT & WAIVER
Urban Affairs Coalition (UAC) — Fiscal Sponsor

Complete Once — Registration Remains Active Unless Information Changes

1. PARTICIPANT INFORMATION

Participant's Full Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Home Address: _____
City: _____ State: _____ ZIP: _____
Participant Phone (if applicable): _____
Participant Email (if applicable): _____
School: _____ Grade: _____

2. PARENT / LEGAL GUARDIAN

Parent/Legal Guardian: _____
Relationship: _____
Primary Phone: _____ Secondary: _____
Email: _____
Emergency Contact (if different): _____
Relationship: _____ Phone: _____

3. HEALTH & EMERGENCY INFORMATION

Allergies: ☐ No ☐ Yes — Explain: _____
Medical conditions BMMU should know about: ☐ No ☐ Yes — Explain:

Current medications relevant to participation: ☐ No ☐ Yes — List:

I authorize BMMU and **Urban Affairs Coalition (UAC), its fiscal sponsor**, to obtain emergency medical care for my child when reasonably necessary, including first aid, **CPR/AED**, emergency medical transportation, and treatment by qualified medical personnel. **BMMU/UAC** will make reasonable efforts to contact the parent/legal guardian or emergency contact.

4. PARENTAL CONSENT & PARTICIPATION

I give permission for my child to participate in **BMMU-sponsored programs and activities**, including educational workshops, mentoring, STEM activities, recreational and sporting activities, community events, educational and cultural experiences, and field trips.

I understand that individual activities or trips may require a separate **Activity & Field Trip Addendum** containing the specific date, location, transportation arrangements, requirements, and parental authorization for that activity.

5. PHOTOGRAPHY, VIDEO & MEDIA AUTHORIZATION

As a condition of participation, I authorize BMMU, **Urban Affairs Coalition (UAC), as BMMU's fiscal sponsor**, and their authorized representatives to photograph, video record, and otherwise document my child's participation in **BMMU programs and activities**.

I authorize such media to be used for legitimate program documentation, reporting, educational materials, websites, social media, fundraising, promotional materials, and other **BMMU/UAC** organizational purposes.

6. ASSUMPTION OF RISK, WAIVER & RELEASE
I understand that participation in BMMU programs, activities, transportation, recreational events, sports, and field trips is voluntary and may involve inherent risks, including illness, accident, injury, property loss, or other harm.

I knowingly assume the ordinary and inherent risks associated with my child's participation and, to the fullest extent permitted by law, release and hold harmless **BMMU, Urban Affairs Coalition (UAC), and their respective officers, directors, employees, staff, volunteers, agents, representatives, affiliates, successors, and assigns** from claims arising from participation in BMMU-sponsored activities, except to the extent liability cannot lawfully be waived.

I understand that additional waivers or requirements imposed by a transportation provider, venue, facility, event organizer, or other third party may be required for a particular activity.

7. CONTINUING REGISTRATION & INFORMATION UPDATES
My child's **BMMU** registration will remain active unless I withdraw my child, participation is discontinued by B**MMU**, or **BMMU** determines that updated registration documentation is necessary.
I agree to promptly notify **BMMU** of changes to my child's address, contact information, emergency contacts, medical conditions, allergies, medications, guardianship, or other information relevant to my child's safety or participation.

When signing an Activity & Field Trip Addendum, I will confirm that the information contained in this Master Form remains accurate or provide updated information.

At BMMU, participation is more than enrollment in a program. Our goal is to build lasting relationships with our young people and families and create a community where every participant knows they belong, are supported, and remain part of the BMMU family.

8. PARENT / LEGAL GUARDIAN ACKNOWLEDGMENT
I certify that I am the parent or legal guardian of the participant named above, that the information I have provided is accurate, and that I have read and understand this **Master Youth Registration, Parental Consent & Waiver**. I further agree to the participation, medical, media, risk, waiver, and continuing-registration provisions stated above**.**

Parent/Legal Guardian Signature: _____ Date: _____

BMMU OFFICE USE
Date Received: _____ ☐ Online ☐ Paper
Reviewed By: _____ Participant ID: _____