

**COLLEGE REACH-OUT PROGRAM
BARRY UNIVERSITY
STUDENT APPLICATION**

Total number of people living in your household: _____

Parent/Legal Guardian Name: (last) _____ (first) _____ (middle) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home () _____ Cell () _____ Work () _____

Email address: _____

Emergency Contact (not living in house) name: _____ Phone: () _____

Is your family currently receiving public assistance? ___Yes ___No

Is your family participating in Work and Gain Employment Self-Sufficiency (WAGES)? ___Yes ___No

IV. STUDENT PERSONAL STATEMENT:

Please explain why you want to participate in the Barry University-College Reach-Out Program (use separate sheet if necessary):

Student Agreement:

I understand that Barry University's-College Reach-Out Program is an educational and personal enhancement program and I agree to participate in the activities and events scheduled. I also agree to remain crime and drug free.

Student Name Signature of Student Date

V. PARENTAL/GUARDIAN CONSENT:

I, the parent/guardian of _____ (student and also hereinafter referred to as applicant):

1. Consent to the applicant's participation in the program activities i.e. counseling, tutoring, field trips, music, and summer programs.
2. Give my permission for copies of the applicant's transcripts and records to be released to **Barry University-College Reach-Out Program**.
3. Understand that my parental involvement is crucial to my child's success in the program.
4. Release, waive, discharge, and relinquish **Barry University-College Reach-Out Program**, and their officers, and employees from any liability, loss, damage, claim, demand or cause of action against them attributable to the applicant's participation in activities, whether same shall arise by their negligence or otherwise.
5. Agree that photographs, pictures, slides, or videos of the applicant may be taken in connection with his or her participation in events or activities without compensation from **Barry University-College Reach-Out Program** and consent to the use of photographs, pictures, slides, movies, or videos for any program marketing and promotional purposes.
6. Assume any and all risks of personal injuries to the applicant and authorize a representative of **Barry University-College Reach-Out Program** to contact a licensed physician to render any medical treatment that may be deemed necessary for the applicant or to take and admit him or her to any hospital.

I have read this document and understand that by signing below, I hereby release **Barry University-College Reach-Out Program** and its representatives from any and all claims and causes that may arise from the applicant's participation in the program and sign voluntarily.

Parent's/Guardian's Name (Print) Parent's/Guardian's Signature Date