



Student Program Registration Form

Participant Information

STUDENT'S LAST NAME		STUDENT'S FIRST NAME			SEX (CIRCLE ONE) M F		DATE OF BIRTH		
ADDRESS				APT	CITY			STATE	ZIP
SCHOOL				CITY		STATE	GRADE LEVEL (i.e., 5th grade, 10th grade, etc.)		
HOBBIES AND INTERESTS				TALENTS AND ABILITIES (MUSICAL, VOICE, DRAMA, ETC.)					
EMAIL ADDRESS:				FACEBOOK: Y N					
MOBILE PHONE NUMBER:									
DOES YOU HAVE ANY HEALTH CHALLENGES OR SPECIAL NEEDS THAT WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE.									
HAS STUDENT GRADUATED FROM A BOSS PROGRAM BEFORE? IF YES, PLEASE CIRCLE THE APPROPRIATE PHASE: PHASE 1 PHASE 2 PHASE 3 PHASE 4							STUDENT ID #		

Parent/Guardian Information

LAST NAME		FIRST NAME			DATE			
ADDRESS				APT	CITY		STATE	ZIP
DAY PHONE		EVENING PHONE			EMAIL ADDRESS			
CHURCH		PASTOR			CITY & STATE		PHONE	
HOW DID YOU HEAR ABOUT BOSS? (i.e., BILLBOARD, RADIO, REFERRAL, ETC.)								
IN CASE OF AN EMERGENCY, PLEASE CONTACT:		FIRST NAME			LAST NAME		PHONE	

Host Information

LOCATION NAME (CHURCH, COMMUNITY CENTER, SCHOOL)				HOST NAME (REVEREND, PASTOR, ELDER, LEADER, ETC.)			ID #
PROGRAM LOCATION		CLASS DAY	ROOM #	CITY		STATE	ZIP
		> Schedule				8	
HOST CONTACT NAME & PHONE				FACILITY CONTACT NAME & PHONE			

Parent/Guardian Signature:

Parent/Guardian Signature:

SIGNATURE

DATE

SIGNATURE

DATE

(Over)

Model Release/Permission To Use Photographs For All Media

For the consideration set forth below and for other valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby give my consent, without any reservation, to BOSS GLOBAL, INC., a California corporation (“BGI”), to use for all consumer and trade purposes, the photographs taken of myself, my child and/or my property without limitation or reservation.

I hereby release, discharge and agree to save harmless BGI and the photo studio selected, their officers, directors, shareholders, employees, agents, contractors, heirs, legal representative and assigns, all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photo(s) or in any subsequent processing thereof, as well as any liability arising from the use of the photo(s) in any form, publication, advertising, brochures, catalogs, packaging, sales sheets, print collateral, P.O.P. and exhibit display, graphics, posters, e-commerce and web site usage, including without limitation any claims for libel or invasion of privacy.

Payment Process for Fundraising Projects:

- 1) There will be a Fundraising project where Students will have the opportunity to sell BOSS Products: *(Books, tapes, videos, CDs, catalog products and gift items)*. Orders will be taken for these products and the net profits will go towards the purchase of T-Shirts, Class materials and Class Project.

The undersigned declares:

I am the parent or legal guardian of the following MINOR:

Name: _____

Student ID Number: _____

I hereby give my authorization and consent to the participation by the MINOR in the “BOSS The Movement” Fundraising Activities and have been provided such materials as I deem necessary to satisfy myself as to the program structure, activities, and goals]

Date _____ Parents Printed name _____ Parent Signature _____

OFFICE USE ONLY
Comments:

(Fundraising Projects Only)

Please make checks and money orders payable to:

**BOSS Global Inc.
2020 Lynx Place
Ontario CA. 91761**