



Lambda Upsilon Community Development Corporation

LAMBDA UPSILON CDC IS A 501c3 CORPORATION
Omega Teen Mentoring Program
Bro. Gerald Glisson, Chairman
Bro. Vincent Arrington, Co-Chairman
Bro. John Zellars, Jr., Basileus
Lambda Upsilon Chapter of Omega Psi Phi Fraternity, Inc.

Parental Permission for Teen Attendance and Participation

- PHASE I (AGES 6-13)
- PHASE II (AGES 14-21)

Teen Name: _____ Age: _____ Date of Birth: _____ / _____ / _____

School Attending: _____ Grade: _____ Home Room Teacher: _____

Collegiate Schools of Interest: _____, _____, _____

Please List Your Hobbies of Interest? _____

Parent's Name: _____

Home Address: _____
Street City State Zip

Parent Email Address: _____

Home Telephone () _____ - _____ Teen Email Address: _____

In Case of Emergency: Emergency Contact Name: _____ () _____ - _____

Parental Authorization:

I _____, hereby give permission for my son _____, to participate
Parent/ Guardian Teen
in the Omega Teen Mentoring Program and receive the full range of services provided by the Omega Teen advisors.

Parent/ Guardian Date

Please Read Carefully:

If an accident should occur, and the named child is injured, in my absence I authorize medical treatment if it is necessary.

Parent/ Guardian Date

I do hereby release and agree to indemnify and save harmless the Omega Psi Phi Fraternity, Inc. Lambda Upsilon Chapter, members and advisors from any and all claims of any nature for injury that may result to the above named child while participating in the Omega Teen Mentoring Program.

Parent/ Guardian Date

Teen Confirmation:

I _____, promise to uphold the Omega Teen Motto both personally and within my community at all times: **An Omega Teen will always be involved culturally, educationally, politically, socially, and spiritually. We are positive young men.**

Omega Teen Date