

GENTS

Baytown Junior High School

7707 Bayway Dr.

Baytown, Texas 77520

(281) 420-4560

DATE: _____

Dear _____

Congratulations, you have taken the first step in becoming part of the **GENTS**. This program was developed to foster leadership among young men.

The purpose of the Leadership Program is to grow giants by empowering and inspiring our future generation of young men. They will acquire positive leadership skills, honesty, aspirations to achieve a higher education, and respect for themselves and others.

GENTS

Baytown Junior High School

7707 Bayway Dr.

Baytown, Texas 77520

(281) 420-4560

Contact Information

Student Name: _____

Student Grade: _____

Campus: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home or Cell Phone: _____

Emergency Contact Name: _____

Emergency Number: _____

Approval

All students must have this section filled out by a parent/guardian

Medical Release:

I hereby give the adult sponsor or chaperone permission to render or seek any medical aid

that might be necessary (Parent/Guardian): **Initials:** _____

Photo Release:

My student may be photographed and or videotaped (Parent/Guardian): **Initials:** _____

Community Service:

I give permission for my son's participation in community service projects:
(Parent/Guardian): **Initials:** _____

Discipline Procedures:

I understand students are given verbal warnings to correct behavior. Continuous inappropriate behavior could result in a suspension from program sponsored activities. I understand I will only be notified in the event of a major behavior infraction, i.e. fighting, foul language, or expulsion. It is the responsibility of the student in my care to be accountable for their behavior and is of the utmost importance they understand wrong choices come with consequences. (Parent/Guardian) Initials: _____

Liability Waiver:

I understand if an accident occurs, I will not hold staff, or volunteers responsible, I will take full responsibility for any medical needs the student in my care enrolled to participate in program sponsored activities may have due to an accident. (Parent/Guardian) Initials: _____

Student Transportation:

Parents will be notified in advance of any after school activities and field trips.

___ **The student in my care participating in this program will walk home**

___ **Only people listed below will have permission to pick up students at the end of the program.** (Parent/Guardian) Initials: _____

Name:

1. _____ Contact Phone Number: _____

2. _____ Contact Phone Number: _____

3. _____ Contact Phone Number: _____

4. _____ Contact Phone Number: _____

Attire:

Members of our "Gents" club will have to purchase a shirt for the 2020-2021 school year. Our uniform will consist of black slacks, a white long sleeve shirt with a uniform tie. We are seeking sponsors to cover this expense, however if we cannot reach that goal, we will ask parents to cover that cost.

Signature of the parent or guardian indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application. It is of the utmost importance that all information is filled out completely. The information on this document is used for administrative purposes only. Our staff will not share this information without your consent.

Parent/Guardian Signature: _____ **Date:** _____

GENTS PROGRAM APPLICATION

Name: _____

Grade: _____

Please write ½ page to 1-page letter explaining what you expect to gain from the GENTS program
