



**Application/ Athletes in Service Program**

*Please print* **Student Information**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_

City, State \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Student's preferred schedule for interning \_\_\_\_\_

\_\_\_\_\_

**Parent Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address if different \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Parents find that e-mail communication is effective in instances when they would like to be informed about their child's participation in the program.**

How did you hear about the Internship Connection, Athletes in Service Program?

(Please be specific) \_\_\_\_\_

**I have enclosed a \$600 check (total cost of the Athletes in Service Program)**

Payable to: Internship Connection mail to: 17 Countryside Road, Newton, MA 02459

**I have enclosed the Consent and Release Form**

Student will be contacted after application, consent form and deposit are received.

**CONSENT AND RELEASE FORM**

I, the undersigned \_\_\_\_\_  
*(Legal relationship to student, e.g., "parent" or "guardian")*

of \_\_\_\_\_,  
*(Name of Student)*  
do hereby consent to my child's participation in the Athletes in Service/ Internship Connection Program.

I also agree to forever release Internship Connection, all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in this program of Internship Connection, ("the Releasees") from any and all claims, rights of action, and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in this program of Internship Connection.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in this program of Internship Connection.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in this program is voluntary and that my child and I are free to choose not to participate in said program. By signing this Form, I affirm that I have decided to allow my child to participate in this program of Internship Connection with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in this voluntary Internship Connection Program.

In order to promote and advance career and occupational services for students, it is necessary to educate professional workers, students, and the public about programs available through Internship Connection. I authorize Internship Connection to take and/or use my child's photo, video, writing, or testimonial for advertising, display, publicity or other use.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian of: \_\_\_\_\_