

**Saturday**

**May 12, 2018**

**9:00 am to 1:00 pm**

Raytheon Black Employees Network Young Minds Event

**APPLICATION/RELEASE FORM**

I (Parent or Legal guardian name) understand that the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name) in the Raytheon Black Employees Network (RAYBEN) Young Minds event is strictly voluntary. RAYBEN will bear the full cost, including breakfast and lunch, for each registered participant in the event.

**Parent/Guardian must provide Transportation to and from Raytheon for the Young Minds event**

I understand that signing this release form is an acceptance of all Raytheon rules and requirements and **the form must be completed and signed prior to participation in the Young Minds event.** In addition, it is your responsibility to inform RAYBEN (in advance of participating in the program) of any extenuating medical, physical or mental circumstances that may affect the well-being of the participant or detract from the learning experiences of the other students (please list in space outlined below). Parents and Guardians are responsible for ensuring each participant has no weapons, drugs, or any illegal substance that may be a threat to him/her or the general body of participants (or Raytheon property). On the day of the event, the Parent or Guardian is also responsible for ensuring the participant has received all required medicines prior to participating in the Young Minds event. Under no circumstances will any member of RAYBEN be required to or responsible for providing or assisting in the participant ingesting any medicine or drug treatment.

**Signed:** **Date:**

(Parent or Legal Guardian)

**Print Below**:

Name of Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First, Middle, Last Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: ­­­­­\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ School Student Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Phone for the Day of the Young Minds event**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies or medical conditions your child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to this address below not later than Friday, April 27, 2018:**

Brittany Person

C/O Raytheon

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**\*\*\* Please contact Steve McNeal (317) 439-0403 or Angelos Erilus (317) 306-7036 if you have any questions \*\*\***