

SIMBA YOUNG LIONS REGISTRATION FORM 2010-2011



Parent(s) or Guardian Name: _____

Student's Name: _____

Address: _____
(Street Address) (City) (Zip Code)

Home Phone: () _____ Cell Phone: () _____

School: _____ Grade: _____

Birth Date: _____ Age: _____

Member of Trinity: Yes No Years in SIMBA: _____

Email Address: _____

Will you attend the mentoring sessions regularly? Yes No

Will you conduct yourself with pride and with respect for yourself and others at school, at Church, at home, at school, and with your friends as a member of young Lions? Yes No

I understand the expectations and responsibilities that I will be called upon to fulfill. I pledge to apply myself to attend Young Lions meeting and to conduct myself in a manner appropriate for a member of Young Lions at all times.

Student's Signature: _____ Date: _____

As a parent of a Young Lions member, I pledge to encourage my son to be a consistent attendee of the twice monthly meetings and periodic field trip, and to show my support for him at home, school, and through attending special events of importance to him.

Parent's Signature: _____ Date: _____