

**IGNITE EMPOWERMENT  
COMMUNITY CENTER, INC.  
Program Registration**

Program: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

Home Phone: (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Grade: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

Parent Email: \_\_\_\_\_

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**Authorization for Medical Treatment**

In the event that the Ignite Empowerment Community Center is unable to reach me, if my child has been injured or needs emergency medical treatment, I authorize Ignite Empowerment Community Center to obtain medical or hospital care on an emergency basis and I will be financially responsible for such care.

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Parent/Guardian's Signature

Date

**Ignite Empowerment  
Track Sheet**  
*Encouraging Individuals through Motivation*

Name: \_\_\_\_\_

College(s) of Choice:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Major(s): \_\_\_\_\_

G.P.A.: \_\_\_\_\_ Grade Level: \_\_\_\_\_

SAT Score: \_\_\_\_\_ ACT Scores: \_\_\_\_\_

Submitted College Applications:

School Name:

Date Submitted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Volunteer Hours

Completed: \_\_\_\_\_

Financial Aid

Completion: \_\_\_\_\_

List of Colleges/Universities (Research):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_