



47448 Pontiac Trail, Ste. 337
 P.O. Box 930515
 Wixom, MI 48393
 248 847-3600
 www.gaccs.org

Beatrice Smith, Clinical Director
 LCSW, CEAP
 Andrea Mack, Chief Operating Officer
 Melva Allen, Chief Information Officer

Helping To Put It Together...And To Keep It That Way!

MEN ON A MISSION MENTORSHIP PROGRAM

REGISTRATION AND PARTICIPATION PERMISSION SLIP for 6/23/2019

M.O.A.M. is committed to positively impacting the lives of young boys by providing a foundation through creative social skill building for success in daily living.

Name: _____ Age: _____ T-Shirt Size _____

Birth Date: ___/___/___ Grade: ___ Tele#(s): _____

School: _____ Address: _____

City: _____ School Zip Code: _____ School Tele#: _____

Parent(s)/Guardian(s): _____

Email Address: _____

Home Address: _____

City: _____ Zip Code: _____ Tele#(s): _____

Emergency Contact Name: _____ Tele #: _____

Health Information: (check if yes) Known Allergies or Other Health Issues Impacting

Light Activities. Explain: _____

Permission To Participate

I give _____ permission to participate in M.O.A.M and
Child's Name
 understand that I am responsible for his safety and will not hold GACCS for his or her safety.

I will see to it that my child gets to this event on time and will ensure he is picked up by the end of the sessions. I do understand that I may be contacted for an early pick up if there are any behavior issues.

 Child's Signature

 Date

 Parent / Guardian Signature

 Date