



The Ladder Program

Developed and Implemented by Success Support Services

Endorsed by the City of Slidell

Registration Form©

Name _____ Age _____
(last) (first) (middle)

Address _____
(street) (city) (zip)

School _____ Grade Level _____

Student Phone # _____ Student E-Mail _____

Parent/Guardian Phone # _____ Parent/Guardian E-Mail _____

Parent/Guardian Agreement

If my son/daughter is selected as a program student,

I, _____, give my permission for my son/daughter to fully

Parents/Guardians Name

participate in the *Ladder Program*, and agree to abide by all program requirements. I understand that my son/daughter must attend all classes and functions as part of the program, and that failure to comply with the rules and regulations of the *Ladder Program* may result in dismissal from the program.

I release *Success Support Services*, the *City of Slidell*, and any program-affiliated personnel, agents and volunteers of these organizations from all actions, claims, or demands for damages resulting from my son/daughter's participation in these activities, and from liability and damages, injuries, or losses which might be sustained by my son/daughter as a result of his/her participation.

Signature of Parent/Guardian

Date

Signature of Student

Date

Program Dates:

All applications must be **received** no later than

Please complete and return this form to:

Success Support Services

Post Office Box 2294

Slidell, LA 70459