Legacy Chamber of West Tennessee
351-C North Royal Street P.O. Box 703, Jackson, Tennessee 38302
Phone: 731-424-2030 • www.legacychamberwesttn.org • Email: info@legacychamberwesttn.org

APPLICATION PACKET

2027 FOLLOW ME INTO BUSINESS ®
SUMMER JOBS PROGRAM
SCIENCE, TECHNOLOGY, ENGINEERING, and MATHEMATICS (STEM) PROGRAM

Providing Business and Life Skills Training
For Ages 12-18 - "Follow Me into Business"
Grades 6-11 – "STEM"

_____
Please print name and age of applicant online above

Four (4) forms to be completed:
Student Membership Application/Registration Form
Parent Permission Form
Medical Treatment Authorization
Transportation and Photograph Consent Release

All forms must be completed with applicant photo included.

RETURN BY DEADLINE FOR SUBMISSION ~ 12:00 PM, FRIDAY APRIL 16, 2027

You may return completed forms by postmarked mail or drop off at the office listed below between 8:00 AM and 12:00 PM Monday through Friday

Legacy Chamber of West Tennessee
P.O. Box 703
Jackson, TN 38302-0703

To submit by email to info@legacychamberwesttn.org

ATTACH

APPLICANT PHOTO

LEGACY CHAMBER OF WEST TENNESSEE

FOLLOW ME INTO BUSINESS PROGRAM
SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) PROGRAM

Registration Form

Please check only one: ☐ Follow Me into Business Program ☐ STEM Program 6/7-6/17
☐ STEM Program 6/28-7/09

Name_____Date of Birth_____

Age_____Social Security Number_____

Address_____Home Telephone #_____

City, State, Zip_____Participant Cell #_____

Email Address_____

Are you a previous participant in the Follow Me Into Business program? If so, when?_____

Are you currently living with both parents? Yes No (Circle one)

If no, circle your head of household: Mother – Father – Grandparent – Guardian

Parent's Name_____

Parent's Address_____

Parent's Phone #_____Email_____

Grandparent's Name_____

Grandparent's Address_____

Grandparent's Phone #_____Email_____

Your school Name and Address_____

_____

Your Church Affiliation (if any)_____

PARENTS: PLEASE BRING REPORT CARD TO ORIENTATION.

P.O. Box 703 • Jackson TN 38302 • 731.424.230 • info@legacychamberwesttn.org

Legacy Chamber of West Tennessee
P.O. Box 703, 351-C N. Royal Street Jackson, Tennessee 38302
Phone: 731-424-2030 • www.Legacychamberwesttn.org • Email: info@legacychamberwesttn.org

Follow Me Into Business Program
Science, Technology, Engineering and Mathematics (STEM) Program

Parent/Guardian's Permission to Participate in Summer Program

Participant's Name:_____ Age:_____

Address: _____

This is to certify that my child, _____

has my permission to participate in the Follow Me Into Business Program or Science, Technology, Engineering and Mathematics (STEM) Program. It is my understanding that these activities are under the auspices of the Legacy Chamber of West Tennessee ("Chamber") and will be supervised by competent members of the program coordinators, board of directors and staff of the Chamber. However, I hereby release the Chamber from all liability and waive all claims against the organization, individually and collectively, for illness or injuries, which might be incurred to and from any travel after reaching the desired destination or while working and/or participating in either program.

_____ _____
Signature of Parent/Guardian Date

_____
Printed Name of Parent/Guardian

_____ _____
Home Phone Cell Phone

_____
Email Address

Legacy Chamber of West Tennessee
Follow Me Into Business • Science, Technology, Engineering and Mathematics (STEM) Program
Medical Treatment Authorization

Name_____Age_____DOB_____Sex_____

Address_____

City/State/Zip_____

Home Telephone #_____Cell Phone #_____

In case of emergency, contact:_____

Home Telephone #_____Cell Phone #_____Parent's Work_____

Parent/Guardian Consent

I/we _____

The parent(s)/guardian(s) of the above-named child hereby provide consent and approval for him/her to participate in the Follow Me Into Business Program or Science, Technology, Engineering and Mathematics (STEM) Program and its events, outings, activities, workshops.

Parent(s)/Guardian(s) Signature_____Date_____

Parent(s)/Guardian(s) Signature_____Date_____

Home Telephone #_____Cell Phone #_____Work #_____

Home Telephone #_____Cell Phone #_____Work #_____

Please check only one:

☐ 1. Parents/guardians will be responsible.

☐ 2. Insurance company will be responsible.

If (2) was checked, please complete the following:

Insurance Carrier_____

Identification Number_____Group Number_____

Personal Physician_____

Telephone #_____

Please provide us any additional information that would facilitate care in a health or medical emergency (i.e., special medications, physical disabilities, allergies, heart condition, seizures, etc.):

_____

_____

Are there any special concerns or issues we should know about? Please note:_____

_____

Legacy Chamber of West Tennessee
Follow Me Into Business • Science, Technology, Engineering and Mathematics (STEM) Program
Transportation and Photographic Consent Form

I, _____(Parent/Guardian) of _____ give

Permission to the Legacy Chamber of West Tennessee ("LEGACY CHAMBER") and/or any other authorized agency staff and/or volunteers to oversee my child's transportation to and from the office of the LEGACY CHAMBER located at 351C North Royal Street or any other approved location and for participation in the City of Jackson and West Tennessee are to and from the various sites on the tour.

I also give permission for my child to attend any fields trips associated with the Follow Me into Business Program or the Science, Technology, Engineering, and Mathematics Program.

I,_____(Parent/Guardian) of _____hereby grants permission to the Legacy Chamber of West Tennessee ("LEGACY CHAMBER") to take photographs and video of my child listed above while enrolled in the Follow Me Into Business Program or Science, Technology, Engineering, and Mathematics Program. I further understand that any photograph or video taken by the LEGACY CHAMBER staff, volunteers or program coordinators may be used in the LEGACY CHAMBER website, social media, newsletter, flyers, brochures. LEGACY CHAMBER may share photographs and videos with parents or guardians however, the original photos and videos will remain the property of the LEGACY CHAMBER.

LEGACY CHAMBER retains the right to expel any child from the program with cause and advance notice if a child becomes unruly and/or violent.

_____Date_____

Parent/Guardian Signature