



**Parent/Guardian Information**

<b>Parent's Name(s)</b>		
<b>Street</b>	<b>City</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>Email Address</b>		

**Student Information**

<b>Student's Name</b>		
<b>Street</b>	<b>City</b>	<b>Zip</b>
<b>Phone</b>	<b>Email Address</b>	
<b>School</b>		<b>Grade in the Fall</b>
<b>T-Shirt Size</b>		
<b>Special Dietary, Medical Requirements</b>		

**Demographics**

<b>White</b>	<b>African American</b>
<b>Hispanic</b>	<b>Asian</b>
<b>Native American</b>	<b>Black</b>
	<b>Other:</b>

### Emergency Contact Information

<b>Doctor</b>	<b>Phone</b>
<b>Allergies</b>	
<b>Primary Emergency Contact Name</b>	<b>Phone</b>
<b>Secondary Emergency Contact Name</b>	<b>Phone</b>
<b>I give permission for my child:</b>	
<b>to be taken to the hospital in case of an emergency, and consent to emergency. until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.</b>	

### Media Release

<b>I give permission for my child's likeness and/or work to be captured in digital format (photos-videos) during the program for use in publications and or media advertising without compensation.</b>	
<b>Signature of Parent or Guardian</b>	<b>Date</b>