

# REGISTRATION FORM

## SUMMER CAMP 2025

### SCHOLAR INFORMATION

FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
BIRTHDAY	GENDER	AGE	T-SHIRT SIZE
<input type="text"/>	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="text"/>	<input type="text"/>
DO YOU HAVE TRANSPORTATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDRESS

CITY

EMAIL ADDRESS

PHONE NUMBER

ZIP CODE

### EDUCATIONAL INFORMATION:

GRADE PREVIOUS SCHOOL/INSTITUTION (IF APPLICABLE) SUBJECT INTERESTED IN:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### MEDICAL INFORMATION:

Does your scholar have any medical conditions NO ☐ YES ☐ if yes please specify:

### EMERGENCY CONTACT:

CONTACT NAME	PHONE NUMBER	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PARENTAL/GUARDIAN INFORMATION

NAME	PHONE	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS

☐

I consent to the use of my child's image for educational, promotional purposes. I give permission from my child to participate Demi Dixon Beauty & Film Academy

☐

I confirm that all the information provided above is accurate.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

SCAN & PAY HERE

