



STUDENT/PARENT CONTACT INFORMATION:

Student(s) Name: _____

Student's Age : _____ Student's Birthday: _____

Parent/Guardian Name: _____

Cell Phone # : _____ Home Phone #: _____

Home Address: _____

Email: _____

Emergency Contact: _____

Does your child have any known allergies? If yes please list below.

Photo/Video Release

By signing below, you authorize the use of photography or video recording of your child for video production and/or promotional purposes that may appear on Hip-Hop Dreamz' social media and/or digital content.

Parent/Guardian Signature: _____ Date: _____