



## T2T Summer Division Enrollment Forms

Today's Date: \_\_\_\_\_

### 1. Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Names of siblings who will also attend the Summer Division Program:

### 2. Parent/Guardian/Student Information:

#### 1. Parent/Guardian #1 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2. Parent/Guardian #2 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## T2T Summer Division Enrollment Forms

### 3. Emergency Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Consent to Photograph, Film, or Videotape a Student For Non-Profit Use (e.g. educational, public service, or health awareness purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of \_\_\_\_\_ (Student Name), by **Timika's Tutorial Services Inc.**

I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release **Timika's Tutorial Services Inc.** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

☐ **Yes**, I consent to the terms above.

☐ **No**, I do not consent to the terms above.

Parent/Legal Guardian/Signature: \_\_\_\_\_

Date: \_\_\_\_\_