



# Queens Royal Priest Hood, Inc

## Youth Program Registration Form

### REGISTRATION FORM

#### PARTICIPANT INFORMATION

Please type or print legibly.

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

Gender:  Female  Male Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Grade attending for year 2019-2020: \_\_\_\_\_ GPA/Grade: \_\_\_\_\_


Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

 Please list ADA Accommodations needed: \_\_\_\_\_  
\_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's phone: \_\_\_\_\_ Father's phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Snack:** A light snack will be provided

#### DROP OFF AND PICK UP TIMES

Drop off time:

- 4:45 PM

Pick up time:

- 8:05 PM

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone number \_\_\_\_\_

I hereby give permission to **Queens Royal Priest Hood, Inc.**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT STATEMENT**

I hereby state that (student's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Queens Royal Priest Hood, Inc.**, including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Queens Royal Priest Hood, Inc., its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Queens Royal Priest Hood, Inc., and Boca Glades Baptist Church**, including any event sponsored or sanctioned by **Queens Royal Priest Hood, Inc.**, and or travel to and from such activities.

I understand that **Queens Royal Priest Hood, Inc.**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Queens Royal Priest Hood, Inc.**, or its scheduled program and that **Queens Royal Priest Hood, Inc.**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_