



## REGISTRATION FORM

### EMERGENCY CONTACT AND MEDICAL INFORMATION FOR STUDENTS

Student's Name _____	Date of Birth _____
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Address _____	Address _____
City, Postal Code _____	City, Postal Code _____
Student's E-mail _____	Parent's E-mail _____
School _____	Grade _____

### ALTERNATIVE EMERGENCY CONTACT

Emergency Contact Name _____	Phone Number _____ Cell Phone number _____
Address _____	City, Postal Code _____

### MEDICAL INFORMATION

Physician's Name _____	Phone Number _____
Allergies / Special Health Concerns _____	Medications _____

### MODEL RELEASE STATEMENT

I hereby grant \_\_\_\_ or decline \_\_\_\_ permission for my child to be photographed and/or videotaped during Oneight activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant \_\_\_\_ or decline \_\_\_\_ permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcasted for the purpose of promoting Oneight and/or youth programs at STACM, on our website.

Name (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

**Amt Due** \_\_\_\_ **Amt Paid** \_\_\_\_ **Cash** \_\_\_\_ **Check #** \_\_\_\_ **Date** \_\_\_\_

Deadline for Confirmation Registration is **Thursday, November 1st**. Registration fee is \$60 and payable by cash or cheque to STACM.