



Registration Form

Participant Information

First Name	Middle Name	Last Name
DOB	Age	Gender

What is the participant's race? (Select all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ African American
- ☐ Hispanic or Latino(a)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Parent/Guardian Information

Parent/Guardian #1 Name/Relation	
Parent/Guardian #1 E-Mail Address	
Parent/Guardian #1 Cell Phone	Parent/Guardian #1 Home Phone
Parent/Guardian #1 Address (Street, City, State, Zip)	
Parent/Guardian #2 Name/Relation	
Parent/Guardian #2 E-Mail Address	
Parent/Guardian #2 Cell Phone	Parent/Guardian #2 Home phone
Parent/Guardian #2 Address	

I am registering for the following program:	
<input type="checkbox"/> Boxing/Fitness <input type="checkbox"/> Cooking <input type="checkbox"/> Dance	<input type="checkbox"/> Photography <input type="checkbox"/> Music Production <input type="checkbox"/> Other _____

Emergency Contact Information		
Emergency Contact #1 Name/Relation	Authorized Pick-up? Yes No	
Emergency Contact #1 Cell Phone	Home Phone	Other
Emergency Contact #2 Name/Relation	Authorized Pick-up? Yes No	
Emergency Contact #2 Cell Phone	Home Phone	Other
Emergency Contact #3 Name/Relation	Authorized Pick-up? Yes No	
Emergency Contact #3 Cell Phone	Home Phone	Other

Medical Information			
Does your child have any medical concerns? If yes, please list.			
Life-threatening illness/condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Asthma? (If yes, please provide an inhaler to the school.)	Diabetes?	Emotional/Behavior Concerns?	Hearing concerns?
Vision concerns?	Heart Problem?	Orthopedic Problem?	Sickle-Cell?
Does your child have any food allergies? If yes, please list and describe reaction.			

Own Your Dream
PHOTOGRAPHY/VIDEOTAPING RELEASE FORM

Own Your Dream uses photographs, slides, videos, or illustrations of participants for many purposes. Such photographs, videos, or other illustrating materials may be used in newsletters or publications, in slide presentations, videos, social media, and/or web sites about or produced by the organization. Photos may also be used in news media in school-related news coverage, in video productions aired on television produced by the Board of Own Your Dream, or in other similar forms of communication.

This form allows you as a parent or guardian to choose whether your child may be in a video, photograph, or other illustration used by Own Your Dream or the news media.

CHECK ONE:

☐ **Yes.** I give permission to Own Your Dream or the news media to make photographs, slides, videos, or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

☐ **No.** I do not give permission for my child to be included in presentations by Own Your Dream or the news media.

Parent Signature _____ Date _____