

# Brains & Brawn Registration Form

STEAM    Drama    Drawing/Sketching    Italian    Photography    Spanish  
 Homework Buddies    Tutoring    Basketball    Tennis    Volleyball

## Form of Payment

Check (Check # \_\_\_\_\_)    Credit Card    Online Credit Card    Cash

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_<sup>Last</sup>   Age: \_\_\_\_\_   Grade: \_\_\_\_\_   Gender: \_\_\_\_\_<sup>First</sup>

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

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

Mother's Name: \_\_\_\_\_

Address(if different from child): \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_   E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address(if different from child): \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_   E-mail Address: \_\_\_\_\_

Siblings in Program: \_\_\_\_\_

### Emergency Contact Information (other than parents):

List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

Name: \_\_\_\_\_   Relation: \_\_\_\_\_   Phone : \_\_\_\_\_

Name: \_\_\_\_\_   Relation: \_\_\_\_\_   Phone : \_\_\_\_\_

In the event no one can be contacted, I give permission for my child to receive emergency medical treatment: \_\_\_\_\_ Yes \_\_\_\_\_ No

Preferred Hospital : \_\_\_\_\_

Name of Physician: \_\_\_\_\_   Phone: \_\_\_\_\_

Allergies and/or Medical Conditions : \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_   Date: \_\_\_\_\_

### STAFF USE ONLY

Session: \_\_\_\_\_   Age Group/Theme: \_\_\_\_\_   Time: \_\_\_\_\_

Registration Date: \_\_\_\_\_   Payment Amount: \_\_\_\_\_   Staff Initials: \_\_\_\_\_

# Brains & Brawn

## Media Release Parent Consent Form

Brains and Brawn Program is proud to promote the success of its students, staff and programs. These accomplishments may draw the attention of newspapers, television stations and other media who visit our programs to photograph, film and identify students and staff during various activities.

Please be advised that your child may be photographed, videotaped, or interviewed with your consent. The photograph, video or interview may be reproduced and released for future use in the media, for example, newspapers, brochures, videos, television, the internet, the Brains and Brawn Program website, and social media platforms such as Facebook, Instagram, etc.

*Please indicate your preference below:*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Yes, my child's photograph, video, or interview **MAY** be reproduced and released for the use in the media.
  
- No, my child's photograph, video, or interview **MAY NOT** be reproduced and released for the use in the media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

