

Student's Name _____ Age _____ Grade (2017-2018) _____

Street _____ City/Town _____ Zip _____

Emergency Contact Name _____ Phone Number _____

Class #1	
Class #2	
Class #3	
Sport Camps (Please Circle)	Basketball Soccer Baseball Field Hockey Softball

Do you have a **medical problem, disability and/or special concern** including **food allergies**?

Check one: YES _____ * NO _____

Explain (Including food allergies): _____

I give permission for my son/daughter to be filmed/photographed during the B.M.C. Durfee Summer Enrichment Program by local newspapers and FRED-TV for educational and promotional purposes.

Please check Yes: _____ No: _____

X _____
Parent/Guardian Signature

Date

Office Use Only

Amt pd: _____ Check #: _____

Date: _____ Rec'd By: _____ Tuition Total \$ _____