

Back To School Youth Lock-In Community Kickback



REGISTRATION FORM

All Fields Required.

Personal Information

Name
full name (first, middle, last)

Gender
select one

☐ Male ☐ Female

Address
street name

Age

Grade

Address
city, state zip code

Name of Parent(s)/Guardian(s):

Phone Number:
(123) 456-7890

Parent's Phone Number(s):
(123) 456-7890

Email Address
a valid email address

Parent's Email Address
a valid email address

Please Return with Registration Form

Back To School Youth Lock-In Community Kickback

PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I give my consent for the Destined for Greatness Outreach Youth Center, Inc. Back To School Youth Lock-In Community Kickback at the YMCA on August 10-11, 2018. I also give consent for my child to participate in all activities for the event. In consideration of the advantages of participation in the Back To School Youth Lock-In Community Kickback event, the undersigned agrees that DFGOYC, its agents and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the Back To School Youth Lock-In Community Kickback event, except to the extent of insurance liability as provided by law.

Personal Information

Print Name (Consent Signature)
full name (first, middle, last)

Relationship to Child

Address
street name

Address
city, state zip code

Emergency Contact
full name

Signature
please enter your full legal name

Captcha
copy the words

K R I T B

Date
today's date

Email
a valid email address

Home Phone
(123) 456-7890

Mobile Phone
(123) 456-7890

Date
today's date

Emergency Contact Phone(s)
(123) 456-7890

Submit