

Polished Girls Registration

2018

Participant Information:

Last Name: _____ First Name: _____

Grade (2017-2018): _____ School: _____ County: _____

School's Calendar Year? (Traditional, Year-Round, etc): _____

Cell Phone #: _____ (OK to text? Yes / No)

Email Address: _____

Allergies: _____

Other Special Requests/Considerations/Useful Information: _____

Parent Information:

Parent/Guardian's Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ (OK to text? Y / N)

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me, and I understand and agree that it is my responsibility to update my child's emergency contact information as changes occur.

Parent/Custodial Adult

Print Name

Date

