



**REGISTRATION: WED. NIGHT L.I.V.E - MID-WEEK PROGRAM**

**CHILD'S NAME:** \_\_\_\_\_ M / F

**YOUTH NAME:** \_\_\_\_\_ M / F

**GRADE:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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

\_\_\_\_\_ **Zip:** \_\_\_\_\_

**Tele/Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Tele/cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Text message, Cell: (circle)**

**Allergies or Other Concerns:** \_\_\_\_\_

---

**Paid: \$20 Family: \$30 Scholarship Needed: \_\_\_**

**Photo Release:** I give permission for Hope C.C. to use my child's photo in print, online publications, presentations, website and social media.

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

I **do not** give permission for Hope C.C. to use my child's Photo in any publication, website or social media.