Mini Morphing Drama Rangers

# Registration Form

Full name of youth:

Preferred name of youth:

Age:

Gender:

School:

CONTACT INFORMATION

|  |  |
| --- | --- |
| Name(s) of Parent or Guardian(s) | Contact Information |
|  | Phone:Email: |
|  | Phone:Email: |

|  |  |  |
| --- | --- | --- |
| Alternative Contact | Phone | Relation to youth |
|  |  |  |
|  |  |  |

Does your child have any allergies, physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of:

If yes, specify:

We will be taking photos and posting them on social media and in the paper. Check this box if you DO NOT wish for pictures of your child to be released:

I release DYS and its volunteers for any loss, personal injury, accident, misfortune, or damage to my child or his/her property, with the understanding that reasonable precautions shall be taken by DYS to ensure the health and safety of my child.

Parents Name:

Parents Signature:

Date: