SDCAP Registration Form: Classes

STUDENT INFO   *Please print clearly, Fill out one form for each student.*
*Please fill out all information below.

Name: _____ Gender: _____

* If student is a Minor, please fill out next 3 lines.
Parent/Guardian 1 (If Minor): _____

Parent/Guardian 2 (If Minor): _____

Date of Birth:_____/_____/_____   Grade (2019-20 school year) _____
                        Month   Day   Year

Cell Phone (S):1._____
                        2._____

ICE: _____

Email Address 1:_____

Email Address 2:_____

 MEDICAL CONDITIONS & ALLERGIES *Please list all that we should be aware of.*

_____

_____

PARENT/GUARDIAN/STUDENT SIGNATURE: _____ **DATE:** _____
PHOTO/VIDEO images are sometimes used for brochures/website/etc.
Please Sign here if you agree that images may be used, or print "Do not use."

PARENT/GUARDIAN/STUDENT SIGNATURE: _____ **DATE:** _____

Class/Course: _____

ANNUAL REGISTRATION FEE: $25. Per student   **PAID: _____**