

Student Last Name: _____



POLICY AGREEMENT FORM

The form will not be accepted unless it is completely filled out.

I UNDERSTAND AND AGREE TO FOLLOW THE POLICIES AND REQUIREMENTS CONTAINED IN THE HANDBOOK.

Please sign below as a sign of compliance.

Candidate's First Name: _____ Last Name: _____

Candidate's Signature: _____ Date: _____

Parent/Guardian's First Name: _____ Last Name: _____

Parent/Guardian's Signature: _____ Date: _____

Submission Information:

Please completely fill out and submit the following forms during Registration:

- | | | |
|---|---|---|
| <input type="checkbox"/> Policy Agreement/ E-mail Information | <input type="checkbox"/> Minor Permission and Release | <input type="checkbox"/> Breaking the Silence |
| <input type="checkbox"/> Photography and Video Consent Form | <input type="checkbox"/> Medical Release | <input type="checkbox"/> Sponsor Application |

E-mail Information: Please Print Legibly

Candidate's E-mail Address: _____

Parent/Guardian's E-mail Address: _____

Parent/Guardian's E-mail Address: _____

Our program send information and notices via email so it is very important you provide us with a current and working email address. If you or your parent decide to change your email address, please notify us immediately.