

# Page 2 - 2017 Registration

## Additional information

Please indicate your preferences with an **X** or **print them** on the lines.

May we have permission to use pictures of student(s) taken here -- on the web site, or on posters and other advertisements, *without identifying the student* ? Please check ONE or add notes:

No, use NONE, please \_\_\_\_\_

At instructor's discretion \_\_\_\_\_

Only as the family okays each picture individually \_\_\_\_\_



## In case of emergency:

Student's known **allergies** and/or **medical conditions, medications**:

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Preferred family member contact name & number \_\_\_\_\_

Student's **doctor(s)** & number(s) \_\_\_\_\_

Preferred **hospital and/or ambulance** in case of accident/injury: most convenient  or

try for \_\_\_\_\_

Signature of student, *or at least one parent or guardian if student is under 18, & date, please:*

*Personal information will be kept confidential by your instructor(s).*