

2009 REGISTRATION FORM

Location: East High School. 1801 East Main St, 14609

Dates: Mon, Wed, Fri. 04/08/09

Student-Athlete Name: _____

School Name **and** Grade in Currently _____

Age as of 7/1/09: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Gender: Male or Female

Address: _____ Zip Code: _____

Email Address: _____ Parent Name(print): _____

Allergies: _____

Emergency Name and Number: _____

Registration form should be completed and brought to the first practice April 8th, 2009 at 6pm.

****Mandatory Volunteering:** Parents must volunteer a minimum of 4 hours total to the program per child.

****Attendance:** Attendance at least 2 times a week mandatory. Student-athletes that miss more than two days of practice without prior notification may be dismissed from the program.

****Proper Conduct:** Proper conduct is expected at all times. Inappropriate behavior may lead to dismissal from the program.

Student-Athlete Name: _____

PHOTO CONSENT: I, _____ (parent or guardian) hereby consent that all photographs taken of _____ (student-athlete) by ROC E6, Inc and its affiliates may be used by ROC E6, Inc for publication on the company's web-site, newspaper articles or any purpose ROC E6, Inc deems proper.

Signature of Parent or Guardian

Date

FIELD TRIP CONSENT: I hereby consent for my child, _____, to take field trips as a part of the ROC E6, Inc. 2009 Summer Program. Transportation for field trips may be provided by an independent transportation system, walking or RTS bus. My signature below is my consent to have my child participate and be transported under the above conditions. In case of emergency during field trips, or during the day, I may be reached at _____.

Signature of Parent or Guardian

Date