

2024-25 Student Registration

STUDENT INFORMATION:		
Name:		
(First) Age: Grade:	School:	(Last)
PARENT/GUARDIAN INFORMATION	– EMERGENCY CONTAC	<u>Γ #1:</u>
Name:		
Address:		
City:	State:	Zip:
Cell Phone:		Work Phone:
Email:		
EMERGENCY CONTACT #2:		
Name:		
Relationship to the student:		
Cell Phone:		Work Phone:
PARENT/GUARDIAN CONSENT FOR I	PARTICIPATION:	
Parent/Guardian Signature:		Today's Date:
MEDIA RELEASE:		
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^{***}The Dock Ministries is not responsible for lost or stolen items.