



2024-25 Student Registration

STUDENT INFORMATION:

Name: _____
(First) (Last)
Age: _____ Grade: _____ School: _____

PARENT/GUARDIAN INFORMATION – EMERGENCY CONTACT #1:

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 PARTICIPATION:

Parent/Guardian Signature: _____ Today's Date: _____

MEDIA RELEASE:

I authorize The Dock Ministries to use images of my child(ren) for promotional purposes only. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, and/or reformatted in any form or manner without payment of fees in perpetuity.

Parent/Guardian Signature: _____

****The Dock Ministries is not responsible for lost or stolen items.*