



PARTICIPANT REGISTRATION FORM 2017-2018

Enrollment Date _____

***There is a \$50 application fee due at the time of registration.
Payable to: In Full Motion**

STUDENT INFORMATION:

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

PARENT /LEGAL GUARDIAN INFORMATION:

First Name _____ Last Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email address (parent) _____

Do you have other children in the program: No _____ Yes _____ If yes, child(ren) name _____

Does your child receive reduced or free school lunch: No _____ Yes _____

2016 Annual Household Income: **Below \$36,000** _____ **\$36,000 and above** _____

ADDITIONAL STUDENT INFORMATION:

Email address (student) _____

School _____ Grade _____

Gender _____ Birthdate _____ Age _____ Race _____ SSN (last four digits): _____

Current ACT Score _____ Month/Year Taken _____

Have you been a participant in In Full Motion: No _____ Yes _____ If yes, last attended (year) _____

Extracurricular Activities/Sports and Athletics or Clubs (List) _____

(OVER – please complete back side)

*******Office Use Only*******

Student and Parent Information _____

Paid Amount _____

Emergency Information _____

Method _____ **Check number** _____

Medical Information _____

Receipt Book _____ **Receipt number** _____

Parent Signature _____

Amount Due _____ **Expected Payment Date:** _____

Authorization of Release and Signature _____

Cashier Signature _____

Screener Signature _____

Verified by Signature _____

Scholarship Waiver: _____

EMERGENCY INFORMATION:

In case of emergency, after attempting to contact the person listed above, please provide the name of an adult authorized to make a decision regarding your son's/daughter's welfare.

First Name _____ Last Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

PARTICIPANT'S MEDICAL INFORMATION:

Any serious medical conditions: No _____ Yes _____ If yes, explain _____

What medications does your son/daughter take regularly _____

Primary Care Physician _____ Other Physicians _____

Hospital Choice _____ Allergies _____

Psychologist/Psychiatrist/Therapist _____

Date of last physical examination _____

X _____
Signature of Parent or Legal Guardian (or Participant if 18 years or older)

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION
2017-2018

I, _____, the parent/legal guardian of _____, do hereby authorize In Full Motion, Inc. staff to contact school administrators, teachers and guidance counselors regarding my son's/daughter's academic performance. Information needed includes, but is not limited to the following: teacher conferences, evaluations, achievement and aptitude test results (including Gateway, TCAP, ACT scores, attendance and discipline records, and transcripts, grade and report cards.

I authorize the organization to use the information described above, for the benefit of my son's/daughter's progress in all academic, athletic and enrichment areas. I hereby grant permission for my child to participate in all programs, publications, field trips and other related activities and I authorize the In Full Motion, Inc. staff to observe and assist my son's/daughter in the school environment and to receive any and all information described above.

I authorize In Full Motion, Inc. to publicize, photograph and/or record my son/daughter's participation for the purpose of raising awareness to the organization's mission and to share success stories of participants to enhance their marketability for college and college scholarships.

Parent or Legal Guardian (print full name) _____

Signature _____ Date _____

Participant's Signature _____ (if 18 or older) Date _____