



Participant Registration Form 2014-2015 Annual Fee: \$30

Reviewed by: _____

Registration Date _____ ACT Test Requested: September Test _____ October Test _____ December Test _____

ACT PREP Site Request: 1. _____ TSU – August 2 – September 6, 2014 2. _____ TSU - September 20, - October 18, 2014
3. _____ MTSU - September 20 - October 18, 2014 4. _____ EAST -November 1 – December 12, 2014

STUDENT INFORMATION: (PLEASE NEATLY PRINT LEGAL NAME)

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Parent's Cell _____ Student's Cell _____ Other _____

Gender _____ Birth date _____ Age _____ Race _____ SSN _____

School _____ City _____ Grade _____

Prior official ACT Test Taken? Yes _____ No _____ Highest Composite (average/overall) ACT Score _____

Have you participated in *In Full Motion*? No _____ Yes _____ If yes, last attended (year) _____

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

PARENT /LEGAL GUARDIAN INFORMATION:

Parent's _____ Email _____ Address _____

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Last Name _____ First Name _____

Cell Phone (parent) _____ Work Phone _____

Do you have other children in this program: No _____ Yes _____ If yes, child(ren)'s Name(s) _____

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

2013 Annual Household Income: **Below \$36,000** _____ **\$36,000 and above** _____

(OVER – please complete back side)

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

Student Information: _____ Paid Amount: _____

Parent Information/signature: _____ Method _____ Check number _____

Emergency Information: _____ Receipt number _____

Insurance/Medical Information: _____ Amount Due _____

Authorization of Release: _____

Cashier Signature _____

Screener Signature: _____

Verified by Signature _____

Date entered in tracking system: _____

By (Print Name): _____

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 _____

Specialist/Therapist _____

Hospital Choice _____ Allergies _____

Medical Insurance coverage: No _____ Yes _____ Name of Insurance _____

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

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION
2014-2015

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 sons/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 _____



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