



# D. Nicole Girls Academy

P.O. Box 34813

[www.dnicole.rocks](http://www.dnicole.rocks)

402-881-0290

## Participant Permission Form

### Youth Information

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Allergies: \_\_\_\_\_

Ethnicity (CIRCLE ONE): African American Asian American Caucasian Native American  
Pacific Islander Other

### Parent/Guardian Information

Parent Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the D. Nicole representatives. I hereby give permission to the medical personnel selected by the D. Nicole representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.*

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Payment Information**

Method Paid (Circle One): CASH  
only)

CHECK

CREDIT CARD (online

T-Shirt Size (adult sizes): \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

**Authorization for Media Release**

- The D. Nicole Girls Academy may post a photograph and/or video of my child on the organization's website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.
- I ask that the D. Nicole Girls Academy not post photographs and/or videos of my child on the organization's website or use a photograph of my child in their publications.

**For Use Only if the Participant is a Minor**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I give permission for the child named above to participate in the activities at the D. Nicole Girls Academy, including any special events or activities.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

**Return this registration form, along with the D. Nicole Girls Academy registration to the address listed above on this form. Please make checks payable to D. Nicole. Fees are non-refundable or transferable to another person.**