



HOW DID YOU HEAR ABOUT L.E.G? \_\_\_\_\_

Check List

Application       N/A       Deposit       Copy of ID  
 N/A       Transcript       N/A       Essay       Copy of Insurance Card

APPLICANT INFORMATION

Name:

Date of birth:

E-mail:

Phone:

Current address:

City:

State:

ZIP Code:

PARENT INFORMATION

Name:

Address:

Phone:

E-mail:

Work Phone:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Address:

City:

State:

Zip Code:

Relationship:

SIGNATURES

I understand that, unless noted below; photos, video, or audio recordings made of me at L.E.G event may be used by LEG without compensation, to promote the L.E.G programs. I understand that my child's name may be revealed in descriptive text or commentary. Initial: \_\_\_\_\_

LEG has permission to take video/pictures of my child. Circle (Yes or No)

Signature of participant:

Date:

Signature of parent/guardian:

Date:

Signature of parent/guardian:

Date: