



Student Registration Form

Child's Name: _____

Address: _____

City: _____ Zip Code: _____

D.O.B. _____

Parent/Guardian Information

Parent/Guardian's Name: _____

Home Address (if different): _____

Parent/Guardian's Contact #: _____

I give permission for my child's image and likeness to be used for all Exposher projects, social media, and website:
____ Yes ____ No

Exposher has the permission to involve professional support services when needed upon discussion with parent/guardian.

Medical Info

Allergies/Medical Conditions or Concerns: _____

If I'm not available, and a medical emergency arises, the supervising adult has my permission to seek medical help at: _____ (name of hospital)

Parent/Guardian's Signature: _____ Date: _____