





### Rising Stars in the Southwest Application Form

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents or Guardians Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact if parent cannot be reached \_\_\_\_\_

Home School \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Allergies or Medications Please List  
\_\_\_\_\_

Medical Conditions  
\_\_\_\_\_  
\_\_\_\_\_

Form of Payment: Check, Cash, Credit Card: AmEx, Disc, VISA, MC (Circle One)

Make checks payable to: Rising Stars in the Southwest

Credit Card # \_\_\_\_\_ CID 3-digit Number code \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Space is limited for additional information please call - (505) 216-6049.

Email, mail or fax registration and consent forms to:

Rising Stars in the Southwest  
903 W Alameda Ste. 528  
Santa Fe, NM 87501  
Email roybmartinez@gmail.com  
Fax (505) 986-1420

Registration is not complete until payment is received and consent forms are signed.



## Rising Stars in the Southwest Consent Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Session Attending (circle choice) **Session MS** **Session HS**

### General Consent and Promise to Support

**I (we) hereby give my consent for my teen to participate in the youth leadership session, Rising Stars and promise to offer my support in the learning and development of the session's exercises.**

### Parental Consent

YES NO Authorization for Medical Services

I (we) request that I (we) be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event I (we) cannot be reached, I (we) parent (s)/guardian(s) hereby designate the facilitator from Rising Stars in the Southwest to act in my/our behalf to authorize such hospitalization and medical attention as may be required in an emergency while participating in the summer session. In the event I (we) cannot be reached and the situation calls for medical attention, I (we) recognize and relinquish my/our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child. I (we) assume financial responsibility for such services.

YES NO

### Promotions Materials

Rising Stars in the Southwest has my permission to use my child's photograph and words in its promotional and educational materials.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_