



P.O. Box 54304, Washington, DC 20032 Tel/Fax: (866) 549-2725 Email: info@RaisingExpectationsDC.org

Participant Registration form

Date: _____

Activity Description: _____

Name: _____
Last First Middle

Date of Birth: _____ Gender: _____

Organization/School: _____ GPA: _____

Name of Parent(s)/Guardian: _____

Address: _____
Street City State Zip Code

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best Way and Time to Contact _____

Emergency Contact _____
Name Relationship Phone Number

Program of Interest (*Select no more than 3*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Photography | <input type="checkbox"/> Computer/Graphic Design |
| <input type="checkbox"/> Music Production | <input type="checkbox"/> Visual Art | <input type="checkbox"/> Social Development/Community-Service |
| <input type="checkbox"/> Fashion Design | <input type="checkbox"/> Poetry writing | <input type="checkbox"/> Culinary Art |

TELL US ABOUT YOURSELF: Please use a separate sheet if necessary.

1. What excites you about the above chosen program interests?
2. What do you hope to gain from the above program(s)?
3. How do you plan to express your talents with others and bring others into the program?
4. What are some of your personal and career goals?
5. Can you use this program towards any school credits (i.e. volunteer community service)?

Mail or Fax Completed Form and Permission Slip to R.E. (Register online at www.RaisingExpectationsDC.org)



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PARENT PERMISSION SLIP AND LIABILITY WAIVER FORM

PARTICIPANT'S NAME(s): _____

TITLE OF ACTIVITY: _____ DATE(S) OF ACTIVITY: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME NUMBER: (____) _____

EMERGENCY NUMBER: (____) _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

ANY STUDENT'S MEDICAL PROBLEMS/ALLERGIES: _____

AUTHORIZATION: I, _____, hereby authorize Raising Expectations Inc. (R.E.) staff members and arts educators to transport my child(ren) to the site location for arts programs, exhibits, and workshops in the DC/MD/VA area. I understand that the staff members of R.E. will act within their best judgment in case of any emergency involving my child(ren) and authorize R.E. staff and arts educators to seek whatever medical attention deemed appropriate and is in the best interest of my child(ren).

By signing this permission and liability waiver, I allow my child(ren) to participate in the above activities and hereby waive and release Raising Expectations Inc. and/or R.E. officers, heirs, and any other member(s) associated with Raising Expectations Inc. from any and all liability (injuries, illnesses or death) which might occur while on any or involved in any of the trips, programs or activities organized through Raising Expectations Inc. I also authorize Raising Expectations Inc. to use any photographs or articles about my child(ren) for publicity purposes.

PARENT OR GUARDIAN'S NAME _____

(Print)

(Relation to Child)

(Signature)

(Date)