



Tomorrow's Titans Registration Form

SCHOOL YEAR 2024/2025

Student Name: _____ Age _____ School _____

Address _____ Zip _____

Parent's Phone _____ Camp _____

Student's email _____ Parent's email _____

Select Program:

Youth Ages
14-18

Young Adults
Ages 19-24

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions must be discussed personally with the Program Manager. All information will be kept confidential.

Please list any other information you'd like to include about your camper or yourself:



Parental Consent Form

Please print all information clearly

Name of Student: _____ Date: _____

Tomorrow's Titans does not discriminate based on race, color, sex, handicap, religion or national origin. Tomorrow's Titans reserves the right at its sole discretion to refuse an application or dismiss a child from the program.

Parent/Guardian's Declaration: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give Tomorrow's Titans permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Tomorrow's Titans and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for Tomorrow's Titans to transport my child for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the program management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the participant involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Preferred Hospital: _____

By signing below, I agree to adhere to all the Policies and Procedures set for by Tomorrow's Titans and Welfare Reform Liaison Project, Inc

Parent/Guardian's Signature: _____