

Rising Stars Of America

Changing Lives through Educational Workshops, Classes, Programs & Events



**“Embrace, Encourage, Empower and Enhance the Lives of Young People”
Leaders, Leading the Way!**

Registration Form

Participant's Name: _____ Preferred Name: _____

Birth Date: _____ School: _____ School Grade: _____

Participant's Primary Guardian: _____

Mailing Address:

Adult(s) Phone #'s

*Please list any food allergy that the participant has: _____

Please list email address of you and/or your child if you wish to receive communications of future career and/or college workshops, classes, programs & events.

Child's email address: _____

Adult's email address: _____

Adults in the home use Facebook? ____ Yes ____ No

Preferred to Contact Method: _____

Participant email address: _____

Participant uses Facebook? ___ Yes ___ No

In Case of Emergency, please contact _____ **at** _____

PHOTO/VIDEO RELEASE:

Rising Stars of America Organization reserves the right to photograph film and publish photographs and videos of participants for publicity purposes.

Initial one:

_____ Yes, I authorize permission to Rising Stars of America to take and publish my child picture.

_____ No, I do not authorize the photos and or videos of my child to be released.

PERMISSION TO PARTICIPATE:

"I hereby grant permission for my child _____ to be a participant of Rising Stars of America Workshop, Class, Program or Event and to participate in activities arranged by the Rising Stars of America Leadership Team on _____ (Date).

Signature of Participant

Date

Signature of Parent / Guardian

Date

Rising Stars of America
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