



STARR Leadership Academy for Women & Girls

REGISTRATION FORM

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____ City Zip _____

STUDENT'S HOME PHONE: _____

STUDENT'S DATE OF BIRTH: _____ GRADE IN AUG. 2021: _____

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: Small, Medium, Large, X Large

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone #'s Home: _____ Cell: _____ Work: _____

ADDITIONAL CHILDREN IN THE HOUSEHOLD

STUDENT'S NAME: _____

STUDENT'S DATE OF BIRTH: _____ GRADE IN AUG. 2021: _____

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: Small, Medium, Large, X Large

STUDENT'S NAME: _____

STUDENT'S DATE OF BIRTH: _____ GRADE IN AUG. 2021: _____

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: Small, Medium, Large, X Large

STUDENT'S NAME: _____

STUDENT'S DATE OF BIRTH: _____ GRADE IN AUG. 2021: _____

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: Small, Medium, Large, X Large

SESSION DATES

June 12 and June 26 , July 10 and July 24, September 4 and September 18

October 9 and October 23, November 13 and November 27 and December 11

Unless given prior notification, all sessions will be held at the East Baltimore Church of Christ 9420 Belair Road Nottingham MD 21236



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PICK UP AUTHORIZATION AND EMERGENCY CONTACTS

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

Child's Doctor _____ PHONE # _____

Does your child/children have any medical conditions that we should know about? _____ YES _____ NO

If yes, please list or describe: _____

FIELD TRIP PERMISSION FORM AND MEDICAL AUTHORIZATION

My child has permission to accompany STARR LEADERSHIP ACADEMY (SLA) on all field trips, and I understand that in the event my child requires medical treatment while engaged in a SLA approved activity, reasonable efforts will be made to contact me.

However, if I cannot be reached, I hereby consent and give permission to SLA sponsor or any adult counselor acting on behalf of SLA with respect to the activity, as agent for me.

Parent/Guardian's Signature: _____

Return the signed Registration Forms along with the non-refundable fee of \$100.00 right away to secured a place for your child. Make checks payable to: Brenda Lane Oliver PO Box 61 Perry Hall MD 21128