

# Mudslingers Fall 2011

Name: \_\_\_\_\_

Current School Grade: \_\_\_\_\_

**Class Selection (Please Mark)**

**Tuesday Classes**

- \_\_\_\_\_ Grade: Pre-K - 1 (3:30-4:30p)
- \_\_\_\_\_ Grade: 2 - 4 (5:00-6:00p)
- \_\_\_\_\_ Grade: 5 - 8 (6:30-7:30p)

**Thursday Classes**

- \_\_\_\_\_ Intermediate Adult (4:00-5:30p)
- \_\_\_\_\_ Beginner Adult (6:00-7:30p)

**Class Fees**

Pre-K thru 8th grade \$120.00  
 High School and Adults \$170.00  
 Includes Materials

**Student/Parent Information MUST BE FILLED OUT!**

Name: \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

I hereby release and discharge any and all claims for damages including personal or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said event. This release is intended to discharge in advance The Town of Huntingdon, its offices, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks is to be binding on my error and assigns. The Dixie Cater PAC, and/or The Town of Huntingdon have my permission to use my name, photograph, and film footage of me if they choose to do so. My signature below reflects that I have read and understand the entire registration form, liability release, parental consent and consent to treat forms, and agree to all of their terms and conditions.

\_\_\_\_\_  
 Participant (18+)/Signature

**Parent Information**

Father or Guardian: (please print) \_\_\_\_\_

**Signature:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

Mother or Guardian: (please print) \_\_\_\_\_

**Signature:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

**Dependents (excluding applicant):**

age	relationship	full or part

Do you own your own home or rent? \_\_\_\_\_

Without a scholarship, would the student be able to attend classes? \_\_\_\_\_

Amount of Scholarship requested: \$ \_\_\_\_\_

***On a separate piece of paper, please answer the following questions and attach to registration form.***

List student's areas of special interest. (school/extracurricular)

List student honors and/or special training.

What are the student's educational and career goals?

If you submit late or do not include the above questions your child will not be considered.

*Scholarships will be considered each session and awarded on the basis of financial need and merit. All personal information will be kept confidential by members of the scholarship committee. The committee looks forward to helping with this request.*