



Applicant's Name:

_____ Last First Middle Initial

Home Address _____
Number & Street City State Zip Code

Telephone: () _____ Work: () _____ Cell: () _____

Grade __ Age __ School Attending _____ Email Address _____

Shirt Size S __ M __ L __ XL __

Medical History _____

Heart Condition Yes __ No __ Other: _____

Asthma Yes __ No __ _____

Bronchitis Yes __ No __ _____

Special Needs Yes __ No __ Specify: _____

Allergies: _____

Emergency Contact _____ Phone Number _____

Work: () _____ Cell: () _____

I, the undersigned (parent or guardian) do hereby release and waive any and all rights and claims I may have against Engineers of Tomorrow, and Youth of Tomorrow Inc; including staff regarding injuries suffered by my son/daughter while enrolled in the Engineers of Tomorrow Program

Parent or Guardian signature

_____ Date _____

Print Name

_____ Date _____

Signature