



R E G I S T R A T I O N F O R M

PARTICIPANT INFORMATION

NAME	
ADDRESS	
SCHOOL	
2021	GRADE _____ AGE _____
DATE of BIRTH	MONTH _____ DAY _____ YEAR _____

PARENT/ GUARDIAN INFORMATION

NAME	
PHONE	<p>HOME: (_____) _____ - _____</p> <p>CELL: (_____) _____ - _____</p> <p>WORK: (_____) _____ - _____</p>
EMAIL	

SESSION SELECTION

Charlotte NC July 20 -22

Shelby NC July 27 – 2-

Columbus NC Aug 3 - 5

RELEASE of LIABILITY- Parent/Guardian Signature Form

Name of Child _____ Age _____

Address _____

_____ City _____ Zip code _____

Telephone _____ Cell _____

EMERGENCY CONTACT

Parent/Guardian _____

Address _____

_____ City _____ Zip code _____

Telephone (Home) _____ Cell _____

This is to certify that I am giving the above child's name permission to participate in the **STAR Career-tainment Camp**. If there is a medical condition that needs to be known and will require your child not to participate in an activity, please list it at the bottom of this page.

I do not hold Us Cott Entertainment LLC, Star Career-tainment Camp, Program Director, nor any other person, party or constituent liable for any accident or injury which may occur to the above named child during the duration/operation of said program.

Signature _____ Date _____