



EVENT REGISTRATION FORM

Event: _____

Date: _____

Student First Name: _____ Last Name: _____

Age: _____ Grade: _____ Gender: _____

Street Address: _____ Town: _____

Parent Email Address: _____@_____._____

Parent Name: _____ Parent's Cell Phone #: (____) _____ - _____

Parent Name: _____ Parent's Cell Phone #: (____) _____ - _____

Are there any Medical, Allergy, or Social issues that we should be aware of?

I understand that by my child may be photographed and or video- taped at this and future events held by Friends of Madison Youth, d/b/a The Barn. I also understand that these photos/videos may be displayed at the event, posted on The Barn's Website and social media, as well as possibly used for future publicity in the form of emails, newsletters, event promos, brochures, etc:

I understand the above and agree by signing below.

Parent signature

Date