



Teen Corp Registration Form

Name: _____
Nickname: _____ Pronouns: _____
Address: _____
Number: _____ E-mail: _____
School Name: _____
Grade: _____ Birthday: ____ / ____ / 20____

Parent/Guardian/ Emergency Contact

Name: _____ Relationship: _____
Number: () - _____ E-mail: _____
Name: _____ Relationship: _____
Number: () - _____ E-mail: _____
Name: _____ Relationship: _____
Number: () - _____ E-mail: _____

Authorization

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	“I give consent to be texted.”
<input type="checkbox"/>	<input type="checkbox"/>	“I give consent to text my teen.”
<input type="checkbox"/>	<input type="checkbox"/>	“I give consent to photograph and publish images of my teen while participating in BAPA Teen Corp programming and events”

x _____
Parent/Guardian Signature Date

Thank you for signing up and if you have any additional questions, please feel free to contact BAPA’s School Liaison, Tina Bell tbell@bapa.org.