



STUDENT SIGN-IN

Student Name #1		Grade
Phone		Birthdate
Student Name #2		Grade
Phone		Birthdate
Student Name #3		Grade
Phone		Birthdate
Address		
City/Zip		
Email		
Adult #1 Name		
Phone		
Email		
Adult #2 Name		
Phone		
Email		

Media Release:

_____ sign here

I allow my student(s) to have their picture taken by highlands and to be shared publicly via social media or in other publications.

Allergies/Medical Conditions: