

Teens Against Crime Inc. REGISTRATION FORM

(Please Print)

Today's Date:			TAC Enrollment No.:		
PARTICIPANT INFORMATION					
Participant's last name:		First:	Middle:	Current Grade:	
				4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/>	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nickname	Name of Current school:		Birth date:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Social Security no.:		Home phone no.: ()	
P.O. box:	City:	State:		ZIP Code:	
Legal Guardian/Parent's Name:	Employer:			Contact Phone no.: ()	
How were you referred to Teens Against Crime:					

SCHOOL INFORMATION					
Current School :	Current Grade:	Address:		School phone no.: ()	
Teachers Name:		Current GPA:	Principal's Name:		

IN CASE OF EMERGENCY					
Is this participant covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please indicate primary insurance		<input type="checkbox"/> [Insurance]	<input type="checkbox"/> [Insurance]	<input type="checkbox"/> [Insurance]	<input type="checkbox"/> [Insurance]
<input type="checkbox"/> [Insurance]	<input type="checkbox"/> [Insurance]	<input type="checkbox"/> [Insurance]	<input type="checkbox"/> Welfare (Please provide coupon)	<input type="checkbox"/> Other	
Participant's relationship to subscriber:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other	
Name of local friend or relative authorized to be contacted on behalf of participant:			Relationship to participant:	Home phone no.: ()	Work phone no.: ()

PARTICIPANT'S PLEDGE	
<p>I'm taking my stand against Violence, drugs and guns in my community. I'm standing up for what's right and what's smart; for what's better for my health, my well being and the community I live in. This is my pledge to be a better me...</p> <ul style="list-style-type: none"> • I promise not to use tobacco or drugs as I understand the impacts this could have on my future. • I promise to be an example for others by helping others stay drug free and out of trouble. 	
_____ <i>Participant's signature</i>	_____ <i>Date</i>

PARENT /LEGAL GUARDIAN SIGNATURE	
<p>The above information is true to the best of my knowledge. I give my child permission to be a part of Teens Against Crime and take part in workshops and training that is beneficial for his/her well being. I understand that I will be asked to participate in some T.A.C meetings and/or forums along with other parents/legal guardians and I agree to do my part in my child's progress.</p>	
_____ <i>Parent/Guardian signature</i>	_____ <i>Date</i>