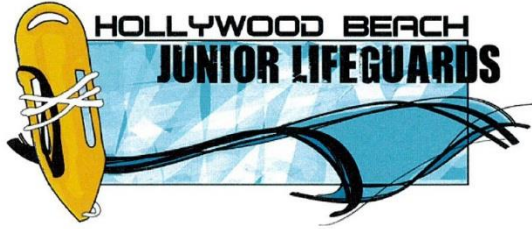


Hollywood Fire Rescue / Beach Safety Division



Student Community Service Registration Form

Name: _____ email: _____

Address; _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

School: _____ Grade entering: _____

Extracurricular Activities: _____

PLEASE CIRCLE DESIRED SESSION/OR WEEK OF INTEREST:

(1ST)
June 10-14

(2ND)
June 17-21

(3RD)
June 24-28

Parents name or legal guardian: _____ email: _____

Person to contact in case of emergency other than listed above:

Name: _____ Phone: (____) _____

Are there any activities your child cannot take part in due to medical or any other reasons?

If yes, explain: _____

Any medication taken? Name and type: _____

Circle your size > **SWIMMING TRUNKS** and **T-SHIRT**
(Sizes: Adult S, M, L, XL) (Sizes: Adult S, M, L, XL)

Signature of Student

____/____/____
Date

Signature of Parent or Legal Guardian

____/____/____
Date

Signature of School Official

____/____/____
Date

Bruce Wilkie, Program Director - bawilkie@hollywoodfl.org
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Fax: (954) 921-3369