

# DEBS TECHNIQUE CLINIC 2026

## REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone Numbers: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Liability and Release:**

I request that Dominican allow \_\_\_\_\_ (Participant's first and last name) to participate in the 2026 Debs Technique Clinic on Sunday, March 21, 2026. I release St. Mary's Dominican High School, the club moderators, coaches, and/or chaperones approved by the Administration from liability in any manner. In case of emergency, I give my permission for the club moderators, coaches, and/or chaperones to seek medical care as needed for my daughter if I can not be contacted. Additionally, I authorize the use of my daughter's photos for the purpose of publicity and marketing materials & on the St. Mary's Dominican High School website.

Parent/Guardian Signature (required): \_\_\_\_\_

**\*Please photocopy insurance card.**

Please list any allergies or medical conditions: \_\_\_\_\_