



NiRo Design Center
Transforming Visions Into Creative Careers
Application

Program Interest

Fashion & Design Modeling Business Development Career Development

Select Program Choice

Fashion Academy	(Youth Ages 8-18)	Saturdays	11:00 AM - 1:00 PM
Fashion & Design Training Courses	(Youth Ages 13-18)	Monday through Thursday	4:00 PM - 6:00 PM
Modeling & Career Development	(Youth Ages 13-18)	Monday through Thursday	4:00 PM - 6:00 PM
Professional Development Courses	(Adults ages 18+)	Saturdays	1:00 PM - 4:00 PM

Participant Information

Participant Name: _____ D.O.B.: _____ Gender (M/F): _____
 Address: _____
 Home Phone: _____ Work Phone: _____ Cell: _____
 Ethnicity: Caucasian African American Hispanic/Latino Native American Multi-Racial Asian Other
 Referred to NiRo Design Center by: _____
 Current Level of Education: _____ Post Secondary Education: _____
 Training or Certifications: _____

Only complete this section if you are a parent/guardian of participant.

School: _____ Grade: _____
 Family Constellation: 2 Birth/Adoptive Parents Step & Birth Parents Single Parent Female
 Single Parent Male Grandparent Relative/Guardian Foster Parent DCF Other
 Total Children in Household: _____
 Parent/Legal Guardian Name: _____
 Home Phone: _____ Work Phone: _____ Cell: _____
 I give NiRo Design Center permission to publish my child's or my name and/or photo: YES NO
 Please note below if you want us to release your child to a parent/guardian (or adult designee) only; If yes
 please list name: _____

Permission and emergency/medical information

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned, do hereby waive and hold NiRo Design Center, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in the activities, or while being transported to and from this activity. I also understand that NiRo Design Center does not provide accident or health insurance. In addition, I attest that the above information is true and give permission for my child to participate in the above program(s).

<p>In case of emergency (medical or disciplinary) please contact:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Contact Number: _____</p> <p>Home: _____ Cell: _____</p> <p>Relation to Student: _____</p>	<p>Alternate Contact Information please contact:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Contact Number: _____</p> <p>Home: _____ Cell: _____</p> <p>Relation to Student: _____</p>
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Are there any specific medical conditions we should be aware of? _____

Please note that NiRo Design Center, LLC will contact one or both of the contacts listed above in the event of a medical or disciplinary emergency.

Parent/Legal Guardian Signature: _____ **Date:** _____