



Program Interest

Fashion Design/Modeling Retail Merchandising Business Development Career Development

Select Program Choice

- Full-Time Fashion & Design Training Courses (Youth Ages 8-18) Monday -Thursday 4:00 PM - 6:00 PM
- Part-Time Fashion & Design Training Courses (Adults ages 18+) Days: _____ or Evenings: _____
- Saturday Seminar Series (Adults ages 18+) Saturdays 11:00 AM - 2:00 PM
- Fashion Academy (Youth Ages 6-12) Saturdays 10:30 AM -12:30 PM
- Summer Camp (Youth Ages 10-18) Monday-Friday 9:00 AM -5:30 PM

Participant Information

Participant Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Referred to NIRO Design Center by: _____ Agency Name: _____
Gender (M/F): _____ Ethnicity: Caucasian African American Hispanic/Latino Native American Multi-Racial
 Asian Other School: _____ Grade: _____
Highest level of Education Completed: _____ Post-Secondary Education: _____
Training or Certifications: _____

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

Other 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 Phone: _____
I give NIRO Design Center permission to publish my child's name and/or photo: YES NO
Please check here if you want us to release your child to a parent/guardian (or adult designee) only; YES NO
If yes please list name: _____

Payment Method

Cash Check Credit Card: Type of Card: _____ Card # _____ Expiration Date: _____
 Third-Party Payment: Agency Contact: _____ Agency Name: _____

Permission and Emergency/Medical Information

Emergency Contact: _____ Phone: _____
Relationship to Participant: _____
Alternative Emergency Contact: _____ Phone: _____
Relationship to Participant: _____
Are there any specific medical conditions we should be aware of? _____

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 activity, 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).

Signature _____ **Date:** _____