

# Registration Application



## ABOUT THE STUDENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (as of 9/24/10): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ V - VP - TTY (circle one) Sex: Male Female (circle one)

Home School District: \_\_\_\_\_ District of Attendance: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Grade Entering Fall of 2010: \_\_\_\_\_

Tee-Shirt size: S M L XL 2X 3X (circle one)

### Preferred mode of communication

\_\_\_\_ Speech and Lip-reading only \_\_\_\_ American Sign Language \_\_\_\_ Signed English

\_\_\_\_ Assistive Listening Devices (Please Describe): \_\_\_\_\_

\_\_\_\_ Other (Please Describe): \_\_\_\_\_

## ABOUT THE PARENT(S) / GUARDIAN(S)

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
*Mom's Information*

Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
*Dad's Information*

Who will attend the workshop with the student? (If applicable, both parents/guardians are preferred.)

(Check all that apply) \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_\_

If parent/guardian is deaf or hard of hearing, please indicate type of interpreter needed:

(Check One) \_\_\_\_ American Sign Language \_\_\_\_ Signed English \_\_\_\_ Oral/Lip-reading

## ACCOMMODATIONS

Please describe any current medical needs (medication, allergies, seizures, etc.) or any special needs (vegetarian, no down pillows on bed, etc) of the student/parent. (Please describe)

The hotel is 100% non-smoking, a small outdoor area is set aside for smokers. **There is only one hotel room available per family. Siblings are not eligible to attend the workshop or to stay at the hotel.**

## PAYMENT

**Include payment of \$50**, check or credit card (Visa or Master Card), with your application. **Payment returned to you at registration** unless you cancel with less than one week notice or do not attend the workshop.

Check # \_\_\_\_\_ or Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_