



Registration Form

PLEASE PRINT

Please indicate which date:

July 2019 (or) August 2019

A copy of your birth certificate must accompany this form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____

Students Cell #: (_____) _____

Parents Cell #: (_____) _____

Students email: _____

Parents email: _____

HOW DID YOU HEAR OF HOLLYWOOD BIZ? _____

In the event of an EMERGENCY, please contact _____ at
(_____) _____. Relationship to student: _____

I hereby give **HOLLYWOOD BIZ** and all affiliates, to have _____,
participate in this program. I have read all the rules & regulations and payment information
provided in this packet and fully understand them. I fully understand that **NO REFUNDS** in
part or in whole will be given. I release **HOLLYWOOD BIZ** from any and all liabilities that may
occur while attending this event. I grant **HOLLYWOOD BIZ** the use of any photos or videos of
myself, to use for advertising **HOLLYWOOD BIZ**.

Signature of Student

Date

Signature of Parent/Guardian if under 18

Date

HOLLYWOOD BIZ

Medical Release Form

A copy of your insurance card (front & back) must accompany this form.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Students Cell #: (____) _____ Parents Cell #: (____) _____
Age: _____ Birthdate: _____
Emergency Contact: _____
Phone #: (____) _____ Relationship: _____

MEDICAL HISTORY (Please list any Medical Concerns, i.e...Allergies etc....)

What medications are you allergic to?

Family Doctor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____
Insurance Provider: _____
Policy #: _____ Group #: _____

I give permission for my son/daughter _____ to receive medical attention if the need were to arise while participating in the **HOLLYWOOD BIZ** training program. I release **HOLLYWOOD BIZ**, Bryan & Alec Clawson and all of its affiliates from any liability during this event.

Signature of Student

Date

Signature of Parent/Guardian if under 18

Date