

Budget or Bust Registration

Grades 6th to 12th

Please circle one:

Grades 6th – 8th : **Tuesday, June 24th** (9-11am)

Grades 9th – 12th : **Tuesday, July 15th** (9-11am)

Grades 9th – 12th : **Tuesday, June 24th** (1-3pm)

Grades 6th – 8th : **Tuesday, July 15th** (1-3pm)

Grades 6th – 8th : **Thursday, June 26th** (9-11am)

Grades 9th – 12th : **Thursday, July 17th** (9-11am)

Grades 9th – 12th : **Thursday, June 26th** (1-3pm)

Grades 6th – 8th : **Thursday, July 17th** (1-3pm)

Child's Name: _____ Birth Date: _____
(one form per child please)

Parent/Guardian Name: _____

Home Address: _____

Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship to Student: _____

Phone (s): _____

Food Allergies: ☐ Yes ☐ No – if yes, please list: _____

Person(s) Who May Pick Up Child: _____

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

☐ First Family Federal Credit Union (FFFCU) has permission to photograph/film minor designated above for any lawful purpose associated with the Budget or Bust program.

Consent & Release: _____ may participate in Budget or Bust program at First Family Federal Credit Union (FFFCU). I hereby authorize the employees of FFFCU to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, and release said employees and FFFCU from any and all liability for any injuries and illnesses incurred in relationship to the above event. I agree that I will be notified if my child is disruptive and does not respect the classroom setting.

Signature of parent or legal guardian

Date