



Vocational Academy Registration Form

Student Name: _____ DOB: _____ Ethnicity: _____

Address 1: _____

Address 2: _____ Zip: _____

School Name: _____ Grade: _____ Gender: Male or Female

Mother's Name: _____ Father's Name: _____

Mother's Phone: _____ Father's Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____

Children must be signed in/out daily. List any additional persons authorized to sign child in/out of program:

Relationship _____ Phone _____

Relationship _____ Phone _____

Does your child have any allergies? Yes _____ No _____

If yes, please list _____

Does your child require any special accommodations? If yes, please describe:

Vocational Academy Location:



TY'S PLACE
205 W Centennial Pkwy, Suite 130
North Las Vegas, NV 89084
(702) 550-3015

START DATE: June 19, 2021
8:00 A.M. – 9:30 A.M.



I understand and agree to abide by the rules of operation as set by Gentlemen by Choice (GBC). My signature authorizes GBC to photograph my child named and use this form in future promotional materials. Further, my signature authorizes my child to be treated by the first available medical facility and physician should the need arise. The emergency contact listed above is authorized to pick up my child from the program and make decisions, on my behalf, regarding my child if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.

PARENT/GUARDIAN SIGNATURE _____ DATE _____