



**AFTER SCHOOL LEADERS
STUDENT REGISTRATION FORM**

Student Information:

First Name:

Last Name:

--	--

Address (including postal code):

--

Email Address:

--

Phone Number:

School:

Age:

--	--	--

Grade:

Sex:

Manitoba Health Number (9 digit):

--	--	--

Do you fall within any of these categories?

<input type="checkbox"/> Metis	<input type="checkbox"/> First Nation	<input type="checkbox"/> Visible Minority	<input type="checkbox"/> Person with a Disability
--------------------------------	---------------------------------------	---	---

Please indicate any allergies, dietary restrictions, medical needs or any accommodations required due to a disability:

Parent/Guardian Information:

First Name:

Last Name:

--	--

Address (including postal code):

--

Phone Number:

Cell Number:

--	--

Please select your program of choice by writing 1 (for first choice) and 2 (for second choice):

- Just TV - Music Making and Videography* _____
- The WRENCH - Youth Cycle Builders* _____
- Manitoba Theatre for Young People – Digital Film* _____
- Grafittii Art Programming Inc. – Hip Hop Film Mentorship* _____
- Red River College – Biotech Lab Training* _____

Have you participated in ASL before? (If yes, please indicate which program/year) _____

Why do you want to participate in this program? (use as much space as you need):

