

**Reflections Unlimited's Student Application**  
**MEDICAL & PHOTO RELEASE FORM –CONFIDENTIAL**

*Fax fully completed application to 803-753-9001 or scan and e-mail to doretha.glenn@gmail.com*

\*Name of Student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Grade of student: \_\_\_\_\_ DOB \_\_\_\_\_

Student hobbies/talents: \_\_\_\_\_

Career(s) student is interested in: \_\_\_\_\_

**Payment type:** Please circle one: **CASH –CHECK---Eventbrite-- PayPal** **Amount Paid:** \_\_\_\_\_

**Make checks payable to:** Reflections Unlimited Finishing School for Girls

Mail to Reflections Unlimited c/o Doretha Glenn 3172 Abbey Place SW Atlanta, Ga 30331

**Special Medical problems (asthma, diabetes, heart), psychological (anxiety, phobias, ADD, ADHD), medications taken, allergies to medications/foods:** \_\_\_\_\_

*In case of emergency, please contact:*

**Name:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**\*I give permission for my child(ren) named above to participate fully or partially with activities sponsored by Reflections Unlimited Finishing School for Girls**

PHOTO RELEASE I give my permission to Reflections Unlimited Finishing School for Girls permission to use my child's name and/or picture in any paper, broadcast, or telecast without any obligation of anyone to compensation.

*I acknowledge that I am participating as a representative of Reflections Unlimited Finishing School for Girls.*

*I hereby release, indemnify and hold harmless Reflections Unlimited Finishing School for Girls, its trustees, agents, volunteers, assigns, and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in the aforementioned.*

*In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above named child, do hereby authorize a representative of Reflections Unlimited Finishing School for Girls to consent to any medical treatment or care deemed advisable.*

**Signature of parent** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance information:** \_\_\_\_\_

***Thanks for your support!!!***