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Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Name of Parent or Guardian, if under 18: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_