

# Trail Blazers Registration

Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Ethnic (circle one):** Hispanic Not Hispanic

**Race (circle one):** 1)White 2)Black 3)Alaskan/  
Am.Indian 4) Asian 5) Hawaiian/Pacific Islander  
6) White and Black 7) White and American Indi-  
an 8) Black and American Indian 9)White and  
Asian 10)Not Listed

Parent/Guardian Name  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian Address:  
\_\_\_\_\_

OR

Same as child

Emergency  Contact Name  
\_\_\_\_\_

Emergency Contact Phone Number  
\_\_\_\_\_

If any allergies or other health information  
please specify:  
\_\_\_\_\_  
\_\_\_\_\_

- You may use my child's photo in presentations, re-  
ports, or in media releases. I grant the University of  
Wisconsin Board of Regents and UW-Extension the  
right to use, publish, and copyright my child's image  
(including audio, moving image, or photograph) for  
educational programs, web sites and promotion of  
University programs. All Federal and State laws as-

**Please enroll my child in The Trail Blazers Program.  
All of the information presented above is accurate.**

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

\$20 total or \$5 a day

Amount paid \$ \_\_\_\_\_



The University of Wisconsin Extension provides affirma-  
tive action and equal opportunity in education, program-  
ming and employment for all qualified persons regardless  
of race, color, gender/sex, creed, disability, religion, na-  
tional origin, ancestry, age, sexual orientation, pregnancy,  
or parental, arrest or conviction record or veteran status.

(to be turned into the Extension office at the  
Iron County Court House)