
TRS 2025 Summer School Registration Form

Personal Information

Please fill out the following details accurately to complete your online registration.

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Gender:** ☐ Male ☐ Female
- **Parent Name:** _____
- **Parent Contact Number:** _____

Address Details

- **Street Address:** _____
- **City:** _____
- **State/Province:** _____
- **Postal/Zip Code:** _____

Registration Details

Please refer to the table below for the course selection. **1st (7:45-9:50am) 2nd (10:05-12:05pm)**

1st Choice circle the class	2nd Choice Circle class
Apache Beading	Apache Beading
Indigenous Gardening	Indigenous Gardening
Outdoor Fitness	Outdoor Fitness
Native American Literature	Native American Literature

Rainbow Art	Rainbow Art
Watercolor	Watercolor
Chicken Hatching	Chicken Hatching
Basketball Skills Camp	Basketball Skills Camp

Permission to go on field trips

Parent/Guardian Signature: _____

Emergency Contact Information

- Emergency Contact Name: _____
- Relationship to Applicant: _____
- Emergency Contact Number: _____
- Pick-up authorization name: _____

Consent and Declaration

- ☐ I hereby confirm that the information provided is true and correct to the best of my knowledge and belief. I understand that any false information may result in the rejection of this application.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____