

**FUTURE STARZZ, INC./DC STARZZ
ENROLLMENT FORM**

___ *New*

___ *Update*

Last Name _____ First Name _____ Mid Init _____

Age/Date of Birth ____/ ____/____ Gender: ___ F ___ M Race _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone () _____ email address: _____

Name of Guardian _____ Relationship _____

Phone: Home () _____ Work () _____ Other () _____

Email address: _____

Address: (if different from above) _____

City _____ State _____ Zip _____

Name of School _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

Health Insurance Carrier _____ Policy Number _____

Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contacts: (Names of two emergency contacts must be provided)

#1 Contact Name _____ Relationship _____

Address/City/State/Zip _____

Phone: Home () _____ Work () _____ Other () _____

Email _____

#2 Contact Name _____ Relationship _____

Address/City/State/Zip _____

Phone: Home () _____ Work () _____ Other () _____

Email _____

Parent/Guardian Signature _____ Date _____

Mail to: DC Starzz, c/o Future Starzz, Inc., 6445 Luzon Ave., NW, Washington, DC 20012