

ADVANCED Pre-registration Student Information (NOTE: Student must be a senior in 2027!)

Student's Name: \_\_\_\_\_

Name for name tag (no nicknames!): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Student's Gmail (NOT iCloud): \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Dietary Restrictions: Vegetarian? Yes No

Other dietary restrictions (explain): \_\_\_\_\_

Brief description of any medical condition(s) staff needs to be aware of: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Self-administered Prescription Medications: \_\_\_\_\_

Mark 1<sup>st</sup> choice and 2<sup>nd</sup> choice Advanced Session:

\_\_\_\_\_ Session 1 (June 15-19, 2026)

\_\_\_\_\_ Session 2 (June 16-20, 2026)

\_\_\_\_\_ Session 3 (July 20-24, 2026)

\_\_\_\_\_ Session 4 (July 21-25, 2026)

BASIC Session attended (circle):    June 2024    July 2024    June 2025    July 2025

        June 2026 (must attend BASIC 1<sup>st</sup>)

        July 2026 (Must attend BASIC first)

Council Number at BASIC: \_\_\_\_\_

Anything else regarding student health or physical condition that staff should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

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