

## PLEASE COMPLETE THIS APPLICATION FORM AND RETURN TO THE DIRECTOR OF THE NORTHAMPTON COUNTY JUNIOR CONSERVATION SCHOOL

<b>Student Information</b>			
Student's Name	Last	First	Middle Initial
Street Address			
Mailing Address(If different than above)			
City		State	Zip
Telephone		Email _	
Birth date	Last Grade Comp	leted	Sex
School			
<b>Emergency Contact Infor</b>	mation_		
Guardian	Relationship		Telephone
Guardian	Relationship		Telephone
Alt Contact	Relationship _		Telephone
Family Physician			Telephone
Conservation School (NCJCS), director(s or damages relating to, but not limited to, activities. The parent or guardian of the a not known to be a danger to themselves o agrees that in the event of injury or illness obtain competent medical services. Furth	), volunteers, affiliates, assigns and/or all paraccidents and/or injuries incurred by the applicant affirms that the applicant(s) are in rothers. The guardian acknowledges the rest of the applicant, if the guardian cannot be er, completion and execution of this applicamarketing of the program. I have read and	articipating individual plicant during their a satisfactory physical and implied risk contacted or in an ation document pro	d holds harmless the Northampton County Junior tuals/agencies/organizations of all claims of liabilit r participation in the associated instruction and sical condition, has no contagious disease, and is associated with this program. The guardian emergency, that the NCJCS has the permission to ovides full release for NCJCS to photograph and ire application packet, and have completed all
Guardian Signature (x)			Date
Applicant Signature (x)			
Return Completed Applie	cation to: NCJCS, Attn: Regis	strar, P.O. Bo	ox 261 Bath, Pennsylvania 18014

For more information, please call NCJCS Director at (215) 679-0259, or visit www.ncjcs.org

Or scan and email to ncjcs1981@gmail.com