



Hip-Hop Help "5 Elements of Hip-Hop" Workshop Form
1000 Town Center Drive, Suite 300
Oxnard CA. 93036

Parents: Please be assured that all information on this form is kept strictly confidential. Please fill out the form completely and legibly. All information ask for is required for our records. Thank you.

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Student Information

Last Name _____ First Name _____ D.O.B. _____
School _____ Grade _____ Gender _____ Age _____

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Medical Information

Does teen have medical insurance? Yes___ No___
Medical conditions, special needs, limitations, allergies _____

Medications _____
Health Insurance: No Yes Insurance Company _____ Policy# _____

Authorized Pick-up/Emergency Contact (other than parent)

Name _____ Phone# _____ Relationship _____

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Father/Mother (only one is needed)

Last Name _____ First Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Employer _____ Work Phone _____ Cell Phone _____
Occupation _____ Email _____

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Child's Ethnicity (circle one) African American Native American Hispanic Caucasian Mulit-Racial
Asian Pacific Islander Other _____

All classes will be taught using the English language.

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FOR PROGRAM USE ONLY

New Student Yes___ No___
Workshop (Elements of Hip-Hop)
Breakdance___ MC___ DJ___ Beatbox___ Graffiti Art___

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For question please contact Hip-Hop Help info@hiphophelp.org or visit our website: www.hiphophelp.org