

Good Hands for One Registration Form

Name:	Gender: <div style="display: inline-block; width: 100px; text-align: center;">M F</div>
School :	Grade:
Address:	
Have you ever been suspended or expelled from school? No _____ Yes _____ If yes, please explain;	
Cell Phone:	Home Phone:
Email Address:	
Father's Name:	Mother's Name:
Parent's Cell Phone:	Parent's email:
Registration Fee: \$50 *Make Payable to GHFOF or Good Hands for One Foundation	Check Number:

- I, _____, hereby, wish to become a member of **Good Hands for One** and participate in all activities and volunteer opportunities. I certify that the information provided above is true and correct and have been given voluntarily. I release **Good Hands for One** from any liability and responsibility associated with all activities related to **Good Hands for One**.

Signature _____ Date: _____

Print Name _____

- By signing below, I allow my child to become a member of **Good Hands for One** and acknowledge that there will be duties (i.e. supervising a volunteer session, etc.) as a **Good Hands for One** parent along with the duties of my **Good Hands for One** student(s).

Parent/Guardian Name & Signature _____ Date: _____