



MD SUMMER APPRENTICE FORM

PARTICIPANT INFORMATION:

First Name _____ Last Name _____

Date of Birth ____/____/____ Age _____

Cell Phone # _____ State traveling from _____

Location of Stay while in NYC (area) _____

MD Tank or MD T-shirt? _____ Shirt Size _____

Parent/Guardian Name _____

Contact # _____ Email address _____

MTA Subway performing needs Parental approval. Please place initials here _____

Alternate Emergency Contact (name) _____

Emergency Contact Relation _____ Contact Phone # _____

Any Allergies/Injuries? (Please provide all detailed information)

Parent/Guardian Name (print)

Parent/Guardian Signature

Participant's Name (print)

Participant's Signature
