

2021 LAST GRAD STANDING SCHOLARSHIP REGISTRATION

Name _____

HS You Attend _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

The participant is under 18 years of age; I give my consent for _____ to participate in the Last Grad Standing Scholarship contest. I also give permission for any Flasher Community Credit Union representative to provide any first aid to my child in my absence if needed during the contest.

Parent/Guardian Signature _____ Date _____

To be completed by the student participant.

I have read and understand the following:

Contest rules & disqualifications.

I release Flasher Community Credit Union, the City of Flasher and all other persons/groups represented during the scholarship contest of all liability.

Student Signature _____ Date _____