

**Texas Youth Tobacco Awareness Program
ONLINE REGISTRATION**

 **FIRST NAME:**

LAST NAME:

 **MIDDLE INTL:**

GENDER:

 **DRVR LIC NO:**

BIRTH DATE:

HOME PHONE:

MOBL PHONE:

ALT PHONE:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP:

 **ASSISTANT:**

PHONE:

 **RELEASE OF INFO:**


including "Assistant" above

 **COURT OR JP:**

The undersigned(s) hereby acknowledge:

Receipt of "Orientation Fact Sheet"; attendance dates & times listed below.

Student signature: _____ Date: _____

 Parent or Guardian signature: _____ Date: _____

CLASS DATES & TIMES:



NOTE: There are no refunds unless class is not held. Student's failure to arrive on time and participate fully during the program times listed above will result in the student being discharged from the program without credit and without a refund. Arrive on time. No mental health services are provided.