

ACIS Registration Form

	Office	Use	Only
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10748

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely (ex:

). Do not staple anything to this form.

Please return this form to: ACIS 3/3 Congress Street Suits 3/100 Reston MA 0/2/10.

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other actions by the minor on the ACIS trip. I hereby consent to the above minor registrant's participation in all activities organized and/or provided by ACIS. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as a result of any such participation and authorize ACIS to arrange for professional care/treatment in case of an emergency.