

Destined to Succeed.

141 New Road, Suite 268, Parsippany, NJ 07054 / satbymba@gmail.com / (973) 960-9093 / www.satbymba.com

2024 Summer Program Registration Form

This registration form should be filled out and scanned/e-mailed the PDF file to satbymba@gmail.com. Please Zelle or Venmo the tuition along with the \$30 registration fee to confirm your reservation. You may pay with credit cards or mail checks to our Parsippany office (address listed above). Please make checks payable to **SAT by MBA**.

Student's First Name	Last Name
Home Phone	Cell Phone
Home Address	City
State Zip E	-mail Address
Mother: First Name	Last Name
Cell Phone	E-mail
Father: First Name	Last Name
Cell Phone	E-mail
Name of School (2024— 2025)	
Town & State of School Location	
Grade (School Year 2024— 2025)	(Grade 1 to 16)
Course(s) planned to register:	: Preferred Day/Time (Sessions)
1	
2.	
3. Do you prefer in person or online se	essions if the pandemic is over? 🔳 In person 🔲 Online line 🔲 Either
Where did you hear about us?	nternet 🔲 Newspaper 🔲 Friends. Referred by
Flyer/Business cards at local restau	urants/stores. Which one?
Emergency Medical Informa	ation:
Are you allergic to any medicines? Ye	s No (please circle one)
If yes, please list the medicines:	
Name of Physician	Phone
	This signifies that I understand that SAT by MBA and all other enti- event are not held responsible for any injuries which may occur.
Signature of Parent/Guardian (or	student if over 18):
	Date
	(Please print the name clearly)



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Media Release Form
I, the undersigned Parent/Legal Guardian of(child's name), do hereby grant or deny permission SAT by MBA to publish the name, scores, or image of(child's name), as marked by my selections below. "Scores" are hereby defined as SAT/PSAT, ACT, SAT II, AP, GPA, state standard tests or other related academic grades or rankings. "Image" is hereby defined to include pictures, video recordings, and other likenesses.
• Grant Permission on the Format of Name
I grant permission for my child's full or partial name to be used in print, video, or digital media. I agree that the child's full or partial name may be used by SAT by MBA for a variety of purposes, including, but not limited to, marketing. Specifically, I grant permission for the use of the child's name as follows: (Please indicate the child's full or partial name acceptable for use, for example: Joseph Smith, Joe Smith, Joe, Smith, J. Smith, Joe S.)
• Grant Partial Permission
I grant permission for my child's image , as defined above to be used in print, video, or digital media. I agree that these images may be used by SAT by MBA for a variety of purposes, including, but not limited, to, marketing.
I grant permission for my child's scores , as defined above, to be used in print, video, or digital media. I agree that my child's scores may be used by SAT by MBA for a variety of purposes, including, but not limited to, marketing.
I grant permission for my child's name , image , and scores , to be used in print, video, or digital media. I agree that these images may be used by SAT by MBA for a variety of purposes, including, but not limited to, marketing.
• <u>Deny Permission</u>
I deny permission to use my child's partial or full name, image, and scores, to be used in print, video, or digital media.
In signing below I certify that I understand and recognize that use in print, video, or digital media as stated above may include the publishing of the above selected information on Facebook, in e-mails, in flyers/brochures, and/or newspapers/magazines.
I further acknowledge that I will not be compensated for the above selected uses and SAT by MBA owns all rights to derivative works created therefrom. I waive any right to inspect the uses of any printed or electronic information/images as selected above and agree that said information/images may be used without further notice to me or my child. I hereby release SAT by MBA from any claims that may arises from these uses, including but limited to claims of defamation, invasion of privacy, infringement, or copyright.
Student's Name:
Parent/Legal Guardian's Signature: Date:
Parent/Legal Guardian's Name (Printed):