



# INTENT TO CONTINUE PARTICIPATION

Date \_\_\_\_\_

Dear Nursing CAP, Inc.,

I, \_\_\_\_\_, confirm my formal intent to renew my participation in the Nursing CAP Inc. program through the 20\_\_ - 20\_\_ calendar year.

By signing below, I understand that all agreements I made with Nursing Cap, Inc. through my signatures on my initial application remain in full force and effect.

## UPDATED INFORMATION

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

What grade are you in? \_\_\_\_\_

### What are your current classes?

Class	Class

Sincerely,

Parent or Legal Guardian Printed Name: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

**Electronic Signature Agreement.** By typing your name, you are signing this Agreement electronically. You agree your typed signature is the legal equivalent of your manual signature on this Agreement.