

FOR OFFICE USE ONLY

Receipt No _____

Date Received _____

Total Fee _____

Waiver Complete _____

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Waiver Complete _____

REGISTRATION

Student Name _____

Address _____

Age _____ T-Shirt Size S M L XL XXL
Circle One

School you will be attending in the fall:

Grade entering in the fall: _____

Name of Program _____

Time _____

(To sign up for additional programs, you must fill out a separate registration form for each. Additional forms are available at the bookstore.)

INSURANCE WAIVER

I am aware that the financial responsibility and all injuries in which a student may be involved through participation of school sponsored sports activities must be borne by me, the parent(s) or legal guardian(s) of the child, either out-of-pocket or through any private medical and hospitalization insurance which I have covering injuries to my child. I accept this responsibility

↓PARENT OR GUARDIAN SIGNATURE↓

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