

# High Tower Home School Ministries

2011-2012 School Year Registration / Release Form

Parent(s)/ Legal Guardian(s): \_\_\_\_\_

Student(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Please Initial the Following:

- ❖ \_\_\_\_\_ I give my permission for my student(s) to participate in all High Tower Home School Ministries activities.
  
- ❖ \_\_\_\_\_ In the unlikely event that my child is injured or becomes sick, I give my full permission for the adult(s) in charge to seek out and authorize appropriate emergency medical treatment.
  
- ❖ \_\_\_\_\_ I release High Tower Home School Ministries and/or its staff from any liability that may arise from my child's actions that may harm property, himself/herself or others that are participating in these activities.
  
- ❖ \_\_\_\_\_ I give my permission for my student(s) to ride the bus or in other designated vehicles for the various field trips.

\_\_\_\_\_  
Print Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date