



PROVIDENCE SCHOOL

PROVIDENCE HIGH SCHOOL

REGISTRATION

Student Name (Last) _____, **(First)** _____, **(M.I.)** _____

Address: _____ **City:** _____ **State:** ____ **ZIP:** _____

D.O.B. **MM**__**DD**__**YYYY**_____ **AGE:**_____ **GRADE:** _____

Student Phone: () _____ - _____ **Student Email:** _____

Parent/Guardian Name: _____ **Phone:** () _____ - _____

Email: _____

Parent/Guardian Name: _____ **Phone:** () _____ - _____

Email: _____

Parent/Guardian Additional Contact Information _____

Emergency Contact (other than parent): _____ **Phone:** () _____ - _____

Allergies:

Food:

Other:

Please complete the emergency permission and release on the back page of this document:

I understand that my child, _____, is participating in PROVIDENCE HIGH SCHOOL AT CENTRAL VALLEY BAPTIST CHURCH on his or her own accord and at his or her own risk.

In the event of an emergency, I hereby give permission to the church or school-appointed sponsors who are with my child at the event named below to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Sponsor: CENTRAL VALLEY BAPTIST CHURCH
 600 N. Ten Mile Rd Meridian, ID 83642

Activity and Date: PROVIDENCE HIGH SCHOOL 2020 - 2021 SCHOOL YEAR

In consideration of the permission granted to the participant named above, by the above named SPONSOR/CHURCH to participate in the above described SCHOOL AND ACTIVITIES, I hereby release said SPONSOR/CHURCH, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said SPONSOR/CHURCH, THEIR AGENTS AND EMPLOYEES, and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described SCHOOL AND ACTIVITIES. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this _____ day of _____, DATE _____

Participant's Signature _____

Parent/Guardian Signature _____