

Please fill out medical release form on the final page.

Science Club Registration Form

Please note: All club fees are due in full on Friday, October 7. Please turn in this form with attached checks (payable to Julie Conatser) to the Front Desk. Paid registration is on a first-come, first-served basis.

Student Name: _____

Check to Register	Camp/Class	Dates	Times	Instructor/Fee Payable to:	Cost Due Oct 7
	Science Club: Don't Believe Your Eyes!	Tuesdays, Oct 18 - Nov 15	2:45 - 3:45 pm	Julie Conatser	\$150

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Emergency Contact Information

Student Name _____

Male or Female _____ Birthdate _____

Parent/Guardian (m) _____ (f) _____

Phone Number (m) _____ (f) _____

Email (m) _____ (f) _____

Emergency Contacts:

1st _____ Relationship to Child _____

Phone Number _____

2nd _____ Relationship to Child _____

Phone Number _____

(Please see second page.)

Child's Primary Physician _____

Phone Number _____

Allergies/Medical Concerns _____

Release and Consent

_____ is my child and is now under my control and custody. I authorize Providence Christian School of Texas and its representatives to consent to medical treatment for my child in case of an illness or injury in connection with a school activity if the parents cannot be reached after a reasonable attempt to do so has been made. Such emergency treatment is to be administered by such physicians, medical personnel, hospitals, and/or clinics as may be selected by Providence or its representatives. I understand the risks of such emergency treatment, and I hereby release and indemnify Providence, its trustees, agents, and/or employees from all liability which may arise from such treatment

Parent/Guardian Signature _____ Date _____

Please Note: