

2005-06
Episcopal High School
EXTENDED CARE HOLD-HARMLESS FORM

I have read the Extended Care policy and I agree to abide by it. My child(ren) _____
_____ will be a part
of the Extended Care program this year. I give permission for Episcopal High School and
its Extended Care personnel to seek medical attention for my child(ren) if needed. I
waive any and all claims of action that I might have against the school or any of its
personnel as the result of illness, accident, or injury that might occur.

Signature: _____ **Date:** _____

Episcopal Registration for Extended Care

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Parents' Name: _____

Address: _____

Home Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____

Father's Cell: _____

Mother's Cell: _____