

ENRICHMENT CLASS REGISTRATION FORM

Student Name: _____

Age: _____

Class Requested: _____

Fee: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Email Address: _____

Please list any food allergies your child might have:

Waivers:

I give my consent for Three Rivers Christian School (TRCS) to use photographs taken during programs to be published in school materials or advertisements.

I am fully aware that, as with any activity, there are special dangers and risks involved, including, but not limited to, the risk of serious physical injury, death, or other harmful consequences that may arise or result directly from participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in TRCS Enrichment Class activities, I hereby assume all risk of injury, damage, liability and harm to myself or my child arising from such activities. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless TRCS, their employees and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death, or other consequences arising out of my voluntary participation in this activity. Current Early Learning Center (ELC) attendees will be escorted to and from childcare to their classes, but the classes are not affiliated with or instructed by ELC employees. I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release and that I join the release without reservation, granting full consent and authorization for the above named person to participate in the activity.

Signature

Date

Please return this form with payment to the Early Learning Center front desk.

Please make checks payable to Three Rivers Christian School, or pay online by credit card at www.3riversschool.net.



THREE RIVERS
CHRISTIAN SCHOOL

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