

# 2020 Bonduel Jr. High Summer School Registration Form

(Please return this form to school prior to May 8, 2020)

**SUMMER SCHOOL DATES: JUNE 15 – JULY 17 / NO CLASS ON JULY 3<sup>rd</sup>**

Student Name \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please circle your choices below**

BOYS BASKETBALL	BASEBALL
GIRLS BASKETBALL	SOFTBALL
FITNESS CENTER – STRENGTH/CONDITIONING	SPEED & CONDITIONING TECHNIQUE/SPEED & TEMPO/RESISTANCE PROGRAM <b>*FEE REQUIRED</b>

**Times for sports classes are based on current students grade. See attached sheets for times and dates.**

My son/daughter has my permission to attend the above sport class/s. I understand that the coaches and Bonduel School District will not be liable for injuries in case of an accident. I also understand that the school DOES NOT provide insurance and we are responsible for providing our own insurance.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

## Kobussen Buses Ltd.

**Busing is not offered for Jr. High Summer School.**

**Call 715-758-4850 Extension 870 if you have questions concerning busing needs.**

## **EMERGENCY INFORMATION**

### **Names of Parents or Guardians:**

1. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship (e.g., mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

Work No. (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

**-OVER-**

**Alternate Contact(s) if Parent Can't Be Reached:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ City/State \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ City/State \_\_\_\_\_

**Medical Alerts:** Please list any concerns of which school personnel should be aware of: (e.g. allergy to bee stings, seizure disorders, diabetes). Please specify:

\_\_\_\_\_

**Medications:**

\_\_\_\_\_

Is there any other information about your child and/or family that the school needs to know (please explain): \_\_\_\_\_

\_\_\_\_\_

I hereby authorize school personnel to call a physician , dentist, or emergency vehicle if an emergency exists. I will not hold the school district financially responsible for the emergency care and /or transportation for said child. I understand that this information will be shared with all school personnel that need to know this information to protect the life and safety of said child.

I further authorize emergency treatments to be initiated at the medical facility to which my child is transported. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization.

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**These classes are open to all Jr. High girls and boys living in or attending schools in the Bonduel School District.**

**\*\*\*\*\*WEATHER NOTE FOR BASEBALL AND SOFTBALL BEING HELD AT CEDAR PARK\*\*\*\*\***

**Class will be held if it is not raining hard and/or lightning. If fields are wet the outfields or other spaces will be used for class. Contact will be given the first day of class if you need to check with the coach. Please allow time for the coach to respond as they don't take calls during class and will contact you as soon as they are able.**

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