

Registration

No. _____

ADAM MICKIEWICZ POLISH LANGUAGE SCHOOL

STUDENT NAME _____
Last First

DATE OF BIRTH _____

ADDRESS _____
Street City

TELEPHONE NO: _____

E-MAIL: _____

NAMES OF PARENTS OR GAURDIAN: _____

CONSENT AND WAIVER:

I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against Our Lady of Czestochowa and its officers, agents, employees, representatives or volunteers arising out of, in connection with the ADAM MICKIEWICZ POLISH LANGUAGE SCHOOL my child/ward participates in while being on and about Our Lady of Czestochowa and adjoining areas except for claims arising out of the sole negligence and willful and wanton misconduct of the Our Lady of Czestochowa and its employees and representatives. The classes will be held in a room with the door open or a windowed door. All Teachers have had a criminal back ground check and are complying with the requirements of the state to also view films in regard to same and taking a specified class. At least one parent per attending family is required to help Our Lady of Czestochowa one day per year to chaperone; that person will be required to have criminal background checks and attend a required class.

Please Check one:

☐ I prefer not to have my child/ward picture taken for school –related event on the school website and in the local media.

☐ I agree to allow my child/ward's picture taken for school-related event on the school website and in the local media.

MEDICAL RELEASE

Our permission is hereby given to the teacher or parish adult representative _____ to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

Date Signature of parent or guardian

Do not write in this space (for office use only)

Amount Paid: \$ _____
Signature of Registrar



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Registration Receipt (copy)

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