

Last Name:  
Preferred Phone #:

## REGISTRATION CONTRACT

*Harbor Christian Homeschool, Inc.*

**Please print:**

Last Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home# \_\_\_\_\_ Mother's Cell# \_\_\_\_\_ Father's Cell# \_\_\_\_\_  
May we publish the above information in the online HCH Directory?      Yes      No  
Church affiliation (optional) \_\_\_\_\_  
How did you hear about HCH? \_\_\_\_\_

**Children that you are registering:**

NAME	M/F	AGE BY 9/30/22	BIRTHDATE

**BY SIGNING THIS CONTRACT:**

I affirm that I have read the entire Registration Packet, and my child(ren) and I have read the *Parent & Student Responsibilities* together.

I agree to abide by the rules and expectations as presently enforced, or as may be amended.

I understand that if anyone in my family violates the rules, it will jeopardize our participation in the HCH, Inc. cooperative program.

I agree to be responsible for the behavior of my child(ren).

I understand that I will be required to fulfill the co-op job(s) that will be assigned to me.

I agree to be financially responsible for any Discovery Baptist Church or HCH, Inc. property that my child(ren) damage(s).

In the case of an incident that results in physical and/or emotional injury to my child(ren) or myself, I release: Harbor Christian Homeschool, Inc. and its agents, volunteers, and representatives including HCH Advisory Board members, HCH Program registrants, and Discovery Baptist Church from any liability and all claims against them, individually or collectively, for any damages or medical care necessary.

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's/Guardian's Name (please print) \_\_\_\_\_

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's/Guardian's Name (please print) \_\_\_\_\_

Student's Signature(s) (ages 10 & up) \_\_\_\_\_

**Last Name:**  
**Preferred Phone #:**

## REGISTRATION FORM

*Harbor Christian Homeschool, Inc.*

Parents, please check your preferred job choice(s). We will try to accommodate your requests but cannot guarantee placement.

- 5th period cleaning     
  Facilitator     
  Yearbook help     
  Field trip planning

Do you have any specialized knowledge, skills, or interests that may benefit co-op? If so, please list them here (i.e. computers, art, etc.): \_\_\_\_\_

Fill out a registration box for each student, including the hours they will be in Study Hall. Remember to register babies and preschoolers for the Playroom if they are coming to co-op with you. If you are registering more than five children, please make copies of the back of this form and attach.

Everyone will facilitate at least one class. Most will facilitate multiple classes. Indicate all classes you prefer to facilitate by writing "yes" in the "Facilitate?" box. Each class will have a facilitator. Please understand that requesting to be the facilitator for a class does not automatically put you in that position. (See "General Class Information" on page 8 for facilitating responsibilities.)

STUDENT'S NAME:		BIRTHDATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
<b>1st Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>2nd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>3rd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>4th Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>5th Period:</b> 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTHDATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
<b>1st Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>2nd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>3rd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>4th Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>5th Period:</b> 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTHDATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
<b>1st Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>2nd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>3rd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>4th Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>5th Period:</b> 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTHDATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
<b>1st Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>2nd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>3rd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>4th Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>5th Period:</b> 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTHDATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
<b>1st Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>2nd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>3rd Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>4th Period:</b> 1st Choice			
Wait or 2nd Choice			
<b>5th Period:</b> 1st Choice			
Wait or 2nd Choice			

Last Name:

**MEDICAL RELEASE FORM**  
*Harbor Christian Homeschool, Inc.*

Please furnish information on all family members that may be attending HCH in the 2022-2023 school year.

**Mother's/Guardian's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:  
\_\_\_\_\_

Medications taken regularly:  
\_\_\_\_\_

**Father's/Guardian's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:  
\_\_\_\_\_

Medications taken regularly:  
\_\_\_\_\_

**Emergency Contacts for the Family:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Consent for Hospital Admission and/or Physician's Care**

We (I), the undersigned, hereby consent to all emergency medical and surgical treatment which may be deemed necessary for \_\_\_\_\_

*(Print the names of both parents/guardians and all children attending HCH)*

We (I) shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered. We (I) have read the above consent and understand and agree to its content:

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fill out children's medical information on the back.**

**Student's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

\_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_

**Student's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

\_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_

**Student's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

\_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_

**Student's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

\_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_

**Student's Health Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

\_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_

**Please make copies of this form if you are registering more than 5 children.**

Last Name:

# ASSUMPTION OF RISK/ACTIVITIES PARTICIPATION AGREEMENT

*Harbor Christian Homeschool, Inc.*

**I hereby acknowledge that I have read, understood and agree to the following:**

I hereby give my permission and consent for my child(ren) [print full name of child(ren)] \_\_\_\_\_

to participate in Harbor Christian Homeschool field trips and events (“Activity” or collectively “Activities”) during September 2022 through August 2023. I understand my child(ren) (“Participant”) may be transported to or from Activities by co-op members utilizing private or public transportation. Activities may take place before, during, or after regular HCH hours.

I further acknowledge that participation in these Activities involves known and unanticipated risk to the Participant (and to Participant’s parent/guardian, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, financial damage, and damage to third parties.

In consideration for the opportunity to participate in these Activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activities. The Participant (or participating parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activities or during transportation to and from the Activities, as well as for any medical treatment rendered to the Participant(s) that is authorized by Harbor Christian Homeschool, Inc. or its agents, volunteers, or any other representatives including its Advisory Board members and Discovery Baptist Church (collectively referred to hereinafter as the “Activity Sponsor”). I acknowledge that Harbor Christian Homeschool, Inc. does NOT provide health, medical, accident, or car insurance. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the Activities or transportation to and from the Activities, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) cannot agree upon such a process, the dispute will be submitted to arbitration for resolution pursuant to the rules of the American Arbitration Association. The arbitrator’s fees shall be shared equally. This agreement shall be governed by the laws of the state of Washington.

**Should the Participant and/or parent/guardian require emergency medical treatment as a result of accident or illness arising during the Activities, I authorize the Activity Sponsor to approve such medical treatment.**

I agree to uphold the following HCH policy:

Anyone driving for Activities:

- must carry car insurance in compliance with Washington state law
- must use a car in good working condition
- must have each person in the car wear their own working seatbelt (i.e. no double buckling)
- must seat children in compliance with Washington state law (i.e. child safety seats, location in accordance with air bags, etc.)

I understand, in the event of an accident, my personal insurance will be legally bound.

Parents’/Guardians’ Printed Names \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Mother’s/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Father’s/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fill out children’s emergency information on the back.**

**Student's Emergency Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

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Medications taken regularly:

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**Student's Emergency Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

---

Medications taken regularly:

---

**Student's Emergency Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

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Medications taken regularly:

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**Student's Emergency Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

---

Medications taken regularly:

---

**Student's Emergency Information:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Medical insurance carrier \_\_\_\_\_ ID# \_\_\_\_\_

Allergies and/or significant medical conditions:

---

Medications taken regularly:

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**Please make copies of this form if you are registering more than 5 children.**

Last Name:

**PHOTO USE AGREEMENT**  
*Harbor Christian Homeschool, Inc.*

I hereby grant, voluntarily and with full understanding, to Harbor Christian Homeschool, Inc., a license to use and storage of all photographs, academic work and/or video recordings taken of me or my minor child(ren) by Harbor Christian Homeschool, Inc. (HCH) or its agents, volunteers, or any other representatives including its Advisory Board members, teachers, facilitators, and HCH Program registrants. I understand that any such photographs, academic work and/or video recordings become the property of HCH and may be used for educational, instructional and promotional purposes determined by HCH in broadcast and media formats (this includes posting on the HCH website, HCH private and public Facebook pages, HCH yearbook, and written promotional materials).

Please check one of the consent options below:

- Yes, I give my full consent to the use and storage of photos as described above
- I give my consent for photos to be used in the HCH yearbook only\*
- No, I do not give my consent for the use and storage of photos as described above\*

\*I understand that if I do not give full consent as described above, HCH will share my family's last name on its private Facebook page in order to notify other HCH members that my family does not give consent to having photos posted.

Print full name of child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's/Guardian's Name (please print) \_\_\_\_\_

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's/Guardian's Name (please print) \_\_\_\_\_