

Murfreesboro City Schools & Olive Branch Church
 B.O.O.S.T. Program
 2018
 Registration Form

Student to be Enrolled

Last Name:	First Name:	School:	Grade:	DOB:
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Parent Information

Parent/Guardian Name:		Additional Parent Information:		
Address:		Address:		
Zip Code:	Email:	Home #:	Cell #:	
Home #:	Cell #:	Home #:	Cell #:	
Employer:		Employer:		
Employee Address:		Employee Address:		
Zip Code:	Work #:	Zip Code:	Work #:	

**FOR YOUR CHILD'S SAFETY, LIST ALL PERSONS TO WHOM
 CHILD MAY BE RELEASED (DO NOT LEAVE BLANK)**

Name:	Phone:
Name:	Phone:
Name:	Phone:

LIST ALL PERSONS TO WHOM CHILD MAY NOT BE RELEASED

Name:	Phone:
Name:	Phone:
Name:	Phone:

Murfreesboro City Schools & Olive Branch Church B.O.O.S.T. Program

Permissions and Statement of Understanding

Please Read and Initial:

_____1. I grant permission for my child to be used in media releases that benefit MCS/OBC or partnering agency.

_____2. I understand MCS/OBC provides liability insurance on all its programs. It is my responsibility to provide accident insurance on my child/children enrolled and participating in the program.

_____3. In the event of an emergency, I hereby give permission to MCS/OBC staff to secure proper medical treatment for my child. If I cannot be reached, I hereby give permission to emergency personnel selected by MCS/OBC staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by MCS/OBC staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.

_____4. I understand that my child is expected to follow the rules established by MCS/OBC for safety and smooth operation of the program. If discipline problems persist, my child will be removed from the program.

_____5. Permission to participate in field trips. Field trips are a common practice in the educational program of the school and community; however, **no one connected with the school system can assume financial responsibility in case of an accident. City officials, the Board of Education, the school system administration or OBC staff nor the teacher may be held responsible or liable.**

_____6.

We are committed to ensuring your child will have the most positive experience during BOOST. However, transportation is *extremely limited*, therefore we are requesting that parent(s)/guardian provide your child with transportation to and from the B.O.O.S.T. location during the month of June. If you have an exceptional need, please contact Rev. Deborah Sandlin at (615) 941.1268 or dsandlin@olivebranchchurch.org. Each matter will be reviewed on a case by case basis. Thank you.

RULES OF CONDUCT

1. Be respectful to others.
2. Follow directions of the adult in charge. Suspension from the program may occur inappropriate behavior is persistent.

Please list any allergies your child may have _____

MEDICATION

Please list **ALL** prescription medication that your child takes on a daily basis.

Name of Medication	Daily Dosage	Reason Prescribed
1.		
2.		
3.		
4.		
5.		
In the event of an emergency, I hereby give permission to MCS/OBC to secure proper treatment for my child. If I cannot be reached, I hereby give permission for emergency personnel selected by MCS/OBC to provide treatment.		
Signature of Parent/Guardian:		
Child's Name:		Date:

