

FENCING CLINIC FOR GRADES 6-8

HIGHLAND PARK HIGH SCHOOL
SPRING AND SUMMER 2015 REGISTRATION FORM
(PLEASE USE SEPARATE FORM FOR EACH STUDENT)

_____	_____	
Student Name (Last, First, Initial)	Male/Female Email (Circle one)	
_____	_____	
Parent/Guardian Name (Last, First)	Home Telephone	
_____	_____	
Address	Father's Cell/Work Phone	
_____	_____	
City	Zip	_____
		Mother's Cell/Work Phone
School you attend and grade: _____	Medical Issues _____	

Schedule: 10 Thursdays 7-8:30 PM 2/19, 2/26, 3/5, 3/12, 3/19, 3/26, 4/9, 4/16, 4/23, 4/30
Tuition: \$145, make checks payable to Highland Park HS
Registration: Ends Thursday, February 19, 2015. Camps with insufficient numbers will be cancelled.

Our son/daughter has our permission to practice and compete in the student activities program. We realize that such activity involves the potential for injury, which is inherent in all sport, and on rare occasions a severe injury, including permanent paralysis or death may occur. We advise all students to be adequately covered by hospitalization insurance. Your signature on this form indicates that you will accept financial responsibility in case of injury to your child sustained in connection with these activities.

The District 113 Extracurricular Code acts to supplement, not to supplant, District 113 school disciplinary action if he or she commits any of the following violations:

1. Theft or vandalism of any school property, unsportsmanlike conduct, sexual harassment, or any behavior inappropriate for a student
2. Use, transfer, sale, distribution, or possession of tobacco (all form) alcohol, marijuana, steroids, look-a-likes, any other illicit drugs or related paraphernalia, or the abuse of prescription/non-prescription drugs.

Parent signature and date

Student signature and date

To register, complete this form. Return to:

HPHS
Todd Kerschke, Fencing Coach
433 Vine Avenue, Highland Park, IL 60035
Questions? kerschke@aol.com
Confirmations will not be mailed.