

**FIRST BAPTIST CHURCH HOME-SCHOOL SUPPORT GROUP (FBC HSSG)
REGISTRATION FORM FOR 2008-2009 YEAR**

PARENT INFORMATION:

Last Name: _____

First Name (husband): _____

First Name (wife): _____

Home Address: _____

Phone numbers: (Home) _____ (Work) _____

(Cell 1) _____ (Cell 2) _____

Email Address: _____

Church Membership: _____

Emergency Contact: _____

Emergency Phone: (# 1) _____ (# 2) _____

Reason(s) for home-schooling: _____

Military Family: Yes / No (please circle one)

STUDENT INFORMATION:

List all children in the family, home-schooled or otherwise. Please indicate children not currently home-schooled by placing an asterisk (*) prior to name.

Name	Age	Grade (2008-09)	Birthdate (mo / day / yr)	Number of Years Home-Schooled
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

FBC HSSG REGISTRATION FORM (continued)

STUDENT INFORMATION: (continued)

Name	Age	Grade (2008-09)	Birthdate (mo / day / yr)	Number of Years Home-Schooled
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

RELEASE OF LIABILITY

Each family belonging to the First Baptist Church Home-School Support Group (hereafter referred to as "FBC HSSG") assumes all risk of injury to family members and property damage in association with FBC HSSG activities. Each member family specifically waives the right to file any claim, of any kind and for any reason, against First Baptist Church of Clarksville, TN, its leadership and employees, the FBC HSSG, its leaders, trip coordinators, and other member families, or their heirs, successors, or assigns, for any act or omission in regards to the group and its activities. The signature of either parent (or guardian) will be legally as binding as the signatures of both, and will be as binding on any minor family children as if the child(ren) had the full legal capacity to sign this release and had personally signed it.

By my (our) signature(s) below, I (we) agree to the above release of liability and agree to abide by the terms and conditions specified in the FBC HSSG charter (a copy was provided to us).

Signature of Parent(s) / Legal Guardian(s) – Must be signed in presence of Notary Public

Printed Full Name(s) of Parent(s) / Legal Guardian(s)

State of _____ County of _____

On this _____ day of _____, _____, before me personally appeared

to me known and known to me to be the individual(s) described in the foregoing instrument, and acknowledge to me that they executed the same.

Notary Public - signature

Commission expiration date

Notary Seal