



Waiver of Liability 2016-2017

We [I] give our [my] child, _____ permission to participate in all class activities of The Pearland Home School Alliance, (also known as PHSA.). This includes activities both in the classroom and on the premises of Shadycrest Baptist Church, Pearland.

We [I] will not hold PHSA, Shadycrest Baptist Church nor any individual, responsible for injury incurred by [to] our [my] child during this time. **Parents please sign here:**

_____ Signature Date _____

We [I] further do/do not (circle one) give permission for our [my] child named above to ride with an adult driver to and from field trips. Parents please sign here:

_____ Signature Date _____

We [I] further do/do not (circle one) give permission for our [my] child named above to have their photo taken for the exclusive use of Pearland Home School Alliance.

_____ Signature Date _____

CHOOSE ONE OF THE FOLLOWING OPTIONS:

We [I] give permission for our [my] child to leave the premises once I have dropped him/her off at PHSA, Shadycrest Baptist Church, Pearland. Parents please sign here:

_____ Signature Date _____

We [I] do not give permission for our [my] child to leave the premises once I have dropped him/her off at PHSA, Shadycrest Baptist Church, Pearland. We (I) will not hold PHSA, Shadycrest Baptist Church nor any individual, responsible if our (my) child decides to go against our (my) wishes. I understand if my child is caught leaving the premises without permission it is grounds for his/her immediate expulsion from the program and that there will be NO refund of class money. Parents and student sign here:

_____ Signature Date _____

_____ Student Signature Date _____



Behavior Guidelines

Please have Parent and Student initial beside each guideline to show agreement.

Student Name: _____

Students attending Pearland Home School Alliance Classes are welcome guests of Shadycrest Baptist Church.

Many other ministries and people use the campus during the week and there is a working church office as well.

The following behavior guidelines will help facilitate a successful experience for home schooling parents and students attending classes and activities at Shadycrest.

_____ 1. Students should arrive to classes on time and are to be picked up promptly from classes and should only be on campus when attending class or in study hall. The church office cannot be responsible for any student left unattended. Please respect the teacher's time.

_____ 2. There should be no foolish behavior in the church building or on the campus.

_____ 3. Students should be respectful and cooperative in class.

_____ 4. Students should not have dangerous items on their person or in their backpack or purse (knives, matches, lighters, etc.)

_____ 5. Cell phones and electronic games should only be used during non-class times and may be confiscated if the teacher feels that they are interfering with the learning situation. Any confiscated items will be returned to the parent at the end of the school day.

_____ 6. Student's siblings must be supervised by a parent if they are not attending a class while on campus.

_____ 7. Students are expected to dress in modest but comfortable attire. Shorts/dresses/skirts should be not be shorter than finger-tip length, no cropped low cut or spaghetti strapped shirts, no underwear of any kind showing, no shirts with inappropriate or suggestive logos, or visible tattoos. Students who are out of dress code will be asked to call parents to bring them appropriate clothing.

My child and I have read and agree to abide by the **Behavior Guidelines**. I understand these guidelines are for the safety and protection of all students on the campus of Shadycrest Baptist Church. I understand failure to comply with these guidelines will result in expulsion without refund.

Parent: _____ Student: _____ Date: _____



Medical Information

Student's Name: _____

Parent's Names: _____

Student's Physician: _____ Phone: _____

Allergies to medication: _____

Any known allergies: _____

Medicines taken regularly: _____

Other information needed in event emergency treatment is required: _____

Medical Diagnosis/Learning Disabilities: _____

Insurance Information

Primary Insured: _____ Relationship: _____

Insurance Company: _____ Policy Number: _____

Member # _____ Group # _____

Medical Authorization and Waiver

I give consent to authorized representatives of Pearland Home School Alliance and Shadycrest Baptist Church to authorize medical treatment for my child, _____, in the event I am not present or cannot be reached.

For and in consideration of the license by Shadycrest Baptist Church to use their facilities located in Brazoria County; and in consideration of the benefits of participation in the Pearland Home School Alliance Classes and/or activities, I the undersigned, for myself and as guardian of the minor child whose name is:

_____, do hereby WAIVE AND RELINQUISH any right, cause of action, liability, or responsibility of Pearland Home School Alliance or Shadycrest Baptist Church for any injury, damage or loss including without limitation any bodily injury arising out of or incidental to our participation in Pearland Home School Alliance activities or use of Shadycrest Baptist Church facilities.

Please list any other pertinent information that we may need to know about your child's health and well-being: _____

This waiver shall extend to all injuries, losses, or damage caused or contributed in cause by Pearland Home School Alliance personnel or Shadycrest Baptist Church's facilities or personnel, save latent defects not warned against or intentional misconduct.

Parent / Legal Guardian: _____ Date: _____