



INDEPENDENT PROVIDER CLUB/TEAM - STUDENT REGISTRATION FORM

Form must be completed and returned to the Independent Provider Club/Team director before the student is permitted to participate in any activities or the program.

Independent Provider:

Name of Team/Club/Program:

Student First Name:

Last Name:

Student DOB:

Student ID#:

School:

Grade:

Parent/Guardian Name:

Address:

City:

Zip:

Email:

Phone (C):

(W):

Student lives with (check one): Father Mother Both Guardian

Person to notify in case of an emergency:

Phone:

I understand this activity is provided by an Independent Provider and is not an activity of Bloomington Public Schools (ISD #271). My student will adhere to district rules and policies concerning student activities, including, but not limited to, attendance, conduct, scholastic standing and other eligibility and sportsmanship requirements.

Signature of Parent/Guardian:

Date:

I will follow all district rules and policies of Bloomington Public Schools (ISD #271) and Jefferson/Kennedy High School when participating in the Independent Provider Club/Team.

Signature of Student:

Date:

Independent Provider Club/Team Insurance Waiver

I fully understand Bloomington Public Schools (ISD #271) DOES NOT provide insurance coverage for my student while participating in an Independent Provider Club/Team, and that it is my responsibility to provide insurance coverage for my student participant.

Signature of Parent/Guardian:

Date: