

General Registration Form for Activities and Field Trips

You must be a member of SCCHE to participate.

Event: _____ Date of Event: _____ Coordinator of Event: _____

Family Name: _____ Ph: _____ E-mail: _____

Participants	Age	Grade	Other:	Fee \$
Make checks payable to the Event Coordinator.				Total:

_____ I am a member of SCCHE. _____ I have enclosed a self-addressed stamped envelope as I have no e-mail.

_____ I will not be accompanying my children on this activity. I have completed and included the **permission slip form**. They will be in the care of _____.

As a family, we agree to adhere to the **Regulations for Social/Educational Functions and Field Trips** as stated in the SCCHE handbook in order to love and respect Christ and one another. I hereby consent to the attendance of my child(ren) to those field trips and social/educational functions I deem appropriate. I understand that there are some risks associated with these events and I knowingly release SCCHE, its executive council officers, and members from any and all liabilities occurring as a result of their sponsorship and management of these events.

Signed: _____ Date: _____

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