CLAY COMMUNITY SCHOOLS 2025 SUMMER PE SCHOOL STUDENT ENROLLMENT FORM

Forms must be received by Friday, April 19, 2025

*ENROLLMENT FORMS MUST BE DELIVERED OR MAILED TO:

Northview High School, Attn: Mercedes Hall, 3150 W SR 340, Brazil, IN 47834

School last attended		Grade level for 2024-2025	·
LAST NAME:	FIRST NAME:	MIDDLE: _	
ADDRESS:		·	
PHONE #	ALT PHONE#	BIRTHDATE:	GENDER: M or F
PARENT/GUARDIAN WHO CHILD LIVES	S WITH:		
		·	
MOTHER/GUARDIAN WORK PLACE:		WORK PHONE #: ()	
FATHER/GUARDIAN: WORK PLACE:		WORK PHONE #: ()	
NAME #1:	PHONE #: ()RELATIONSHIP:	
IVAIVIE #Z.	FHONE #. ()RELATIONSHIP:	
MEDICAL INFORMATION:			
DOCTOR:	LOCATION:	PHONE #:	
DOES THIS CHILD HAVE ANY DISEASE			
DESCRIBE:			
PLEASE SIGN INDICATING PERMISSION HAPPENS AT SCHOOL.	N FOR FIELD TRIPS AND PERM	MISSION TO GIVE TYLENOL AND/OR TREAT ST	UDENT IF AN EMERGENCY
SIGNATURE:		DATE:	

* See reverse side



LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE AND MEDICAL TREATMENT AUTHORIZATION

This is a legally binding Release and Authorization e	xecuted by (the "Participant") whose
address is, to Indi "Institution").	iana State University, Terre Haute, Indiana 47809 (the
I, the undersigned, request that I be granted permission	on to participate in the following activity:
SUMMER PE (the "Activity"), to Center, Brazil, Indiana.	o be held at the following location: ISU Sycamore Outdoor
discharge, and covenant not to sue the Institution, its acting as employees ("Releasees"), from and against a demands, actions, causes of actions, costs and expensions hereafter accrue to Participant arising out of or related suffering and death, that may be sustained by Particip	participate in the Activity, I do release, waive, forever governing board, officers, agents, employees, and any students any and all liability for any harm, injury, damage, claims, es of any nature which Participant may have or which may I to any loss, damage, or injury, including but not limited to, ant or by any property belonging to me, whether caused by the vise, while Participant is in, on, upon, or in transit to or from Activity, occurs or is being conducted.
understand and agree that Releasees are granted permand that such action by Releasees shall be subject to the Releasees assume no responsibility for any injury or dauthorized emergency medical treatment. I HAVE READ AND FULLY UNDERSTAND THE	dical personnel available at the location of the Activity. I ission to authorize emergency medical treatment, if necessary, he terms of this Agreement. I understand and agree that lamage which might arise out of or in connection with such HE TERMS OF THIS LIABILITY RELEASE, WAIVER, E AND MEDICAL TREATMENT AUTHORIZATION.
THE REPORT OF THE PARTY OF THE	
IN WITNESS WHEREOF, I have caused this Rel	lease and Authorization to be executed
this day of	2025
unsuay or	
	STUDENT SIGNATURE
E-mail:	· · · · · · · · · · · · · · · · · · ·
PARENT EMAIL	STUDENT NAME PRINTED
	(Co-signature of parent or guardian if Signer is under 18 years of age.)

May 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	7	· C
4	5	9	7	∞	6	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27 7:00-10:00 North Clay	28 7:00-10:00 North Clay	29 7:00-10:00 North Clay	30 7:00-1:00 Meet at North Clay Bus will transport to Skateworld & back Pick up at North Clay	31

June 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 7:00-10:00 North Clay	3 7:00-1:00 Meet at North Clay Bus will transport to Brazilian Lanes Pick up at Brazilian Lanes	4 7:00-10:00 North Clay	5 7:00-10:00 North Clay	6 7:00-1:00 Meet at North Clay Bus will transport to Turkey Run & back	7
∞	9 7:00-10:00 North Clay	10 7:00-1:00 Meet at North Clay Bus will transport to Brazilian Lanes Pick up at Brazilian Lanes	11.30–5:30 Meet at North Clay Bus will transport to Indianapolis Indians game & back	12 7:00-1:00 Meet & pick up at ISU Outdoor Center	13 9:00-Noon Meet & pick up at Forest Park Swimming Pool	14
15	16	17	18	19	20	21
22		24	25	26	27	28
29	30					