



<u>Registration</u>	
Student Name: _____	Date of Birth: _____
Mailing Address: _____	
Parent Email: _____ Phone: _____	
Student Phone: _____	
Course: <input type="checkbox"/> January <input type="checkbox"/> June <input type="checkbox"/> August <input type="checkbox"/> Drive-Time Only	
Do you have a permit? YES [ ]    NO [ ]	

**Permission for Driver's Education Instruction**

*Board of Education – School District #14, Manitou Springs, Colorado (Instructor: Rob Quarry)*

I/we, \_\_\_\_\_ hereby certify that (I am/we are) the (parent/guardian) of \_\_\_\_\_ now attending \_\_\_\_\_ (Student) \_\_\_\_\_ (School)

High School. Manitou Springs High School has (my/our) full permission to extend to (my/our) child a course in driver education involving use of dual-control automobiles on the streets of this area. (I) (We) hereby waive all claims against the Board of Education, it's agents connected with said course, and the school instructor for any injuries to said student, which might result from said course.

X \_\_\_\_\_  
Signature of Parent/Guardian

**Medical Release**

Emergency Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and/or Medications: \_\_\_\_\_

Other Medical Conditions/Health Concerns: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:**  
*As the parent or guardian of the above-named student, I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I authorize all licensed physicians, dentists, and staff to perform diagnostic, treatment, X-ray, and operative procedures for the above-named student. I have not been given a guarantee as to the results of any examination or treatment.*

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

<u>OFFICE USE ONLY:</u>	
Fees paid: \$ _____	chk.# _____ xxxx- _____ cash _____ (Date) _____
Fees paid: \$ _____	chk.# _____ xxxx- _____ cash _____ (Date) _____