

University School of Jackson
Driver's Education Registration Form

Student's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

School: _____ Rising Grade: _____

Date of Birth: _____

Mother/Guardian Name: _____ Cell: _____

Father/Guardian Name: _____ Cell: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

List any known health problems: _____

Release/Permission Clause:

I/We the undersigned parent(s) or guardian(s) of the above enrolled student in the Driver's Education Summer Program of the University School of Jackson do hereby release and discharge the school (USJ) and its authorized representatives and staff from all liability of any kind and character upon claim, demand, or cause of action which might be asserted on behalf of said minor against the school, representative, or staff. Furthermore, I/we agree that in the event of an accident or injury, medical care may be administered, and if necessary, my child may be transported at my expense to the emergency room or nearest medical treatment facility for additional treatment.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Student Signature

Date