

**University School of Jackson
Driver's Education Registration**

Student's Name _____

Address _____

City _____ Zip _____ Phone _____

School _____ Rising Grade _____

Date of Birth _____ *Program, Activity, Camp _____

Parent/Guardian Names _____

Father's Work No. _____ Mother's Work No. _____

Family's Physician _____ Phone _____

Emergency Contact _____ Phone _____

List Health Problems You Are Aware Of _____

RELEASE/PERMISSION CLAUSE:

I/WE THE UNDERSIGNED PARENT(S) OR GUARDIANS(S) OF THE ABOVE STUDENT IN THE 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 IN BEHALF OF SAID MINOR AGAINST SCHOOL, REPRESENTATIVE OR STAFF, FURTHERMORE, IN THE EVENT OF ACCIDENT, IF THE SAID STAFF OR REPRESENTATIVE TO ADMINISTER NECESSARY FIRST AID, AND/OR TAKE A STUDENT TO THE NEAREST MEDICAL FACILITY FOR ADDITIONAL TREATMENT.

FATHER'S/MALE GUARDIAN'S SIGNATURE

DATE: _____

MOTHER'S/FEMALE GUARDIAN'S SIGNATURE

DATE: _____

STUDENT'S SIGNATURE

DATE: _____

The University School does not discriminate in admission on the basis of race, sex, creed, or national origin.