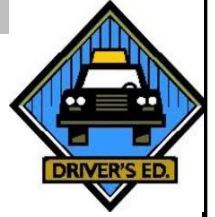


DRIVER'S ED Registration Form



Student Name: _____ Date of Birth: _____

DMV Pre-Registration (PR) Code: _____

Address: _____

Parent Email: _____ Phone: _____

High School Student Attends: _____ Student Phone: _____

Course: January June August Drive-Time Only

Do you have a permit? YES [] NO []

Permission for Driver's Education Instruction

- Driver Education Contract

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 _____ Manitou Springs High School has (my/our) full permission to
(Student)

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. This agreement constitutes the entire contract between the school and the student, and any verbal assurances or promises not contained herein are not binding on either the school or the student. Under this agreement, an instructor may not provide behind-the-wheel training to more than two individual students/session.

Behind the Wheel instruction must be completed within 12 months of the Permit issue date.

Initials _____ (parent's sign)

“Under this agreement an instructor may not provide Behind the Wheel Training to more than two individual students per session.”

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 _____ X _____
Signature of Parent/Guardian Date Printed Name of Parent/Guardian

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

