

# Bus Registration

## 1 PARTICIPANT INFORMATION

LAST NAME																				
FIRST NAME																				

ADDRESS																				
CITY																			STATE	
ZIP																			PRIMARY CONTACT PHONE #	( ) -

BIRTHDATE MM/DD/YY			/			/		
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SCHOOL																				
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PARENT/GUARDIAN LAST NAME																				
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PARENT/GUARDIAN FIRST NAME																				
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ALTERNATE PARENT PHONE #	( ) -
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PARENT EMAIL																				
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## 2 BUS INFORMATION

Bus Area: Lynden

## 3 PAYMENT INFORMATION

BUS TOTAL
\$ 120

CASH

CHECK # \_\_\_\_\_

## 4

**PARTICIPANTS ARE NOT ENROLLED UNTIL THEY AND THEIR PARENT/LEGAL GUARDIAN HAVE READ & SIGNED SEPARATE RELEASE OF LIABILITY AGREEMENT AND EMERGENCY MEDICAL INFORMATION & AUTHORIZATION**

REQUIRED:

- Participant Signature
- Parent/Legal Guardian Sig.
- Emergency Info/Bus Rules

PAYMENT RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_