



# Hollywood Hills HOMESCHOOLERS

Date \_\_\_\_\_

Parent(s) / Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Child(ren)'s Information

Name	Gender	Date of Birth	Grade

## Co-op Student Class Selections

Student:		Student:	
10AM		10AM	
11AM		11AM	
12PM		12PM	
2PM		2PM	
3PM		3PM	
4PM		4PM	

Student:		Student:	
10AM		10AM	
11AM		11AM	
12PM		12PM	
2PM		2PM	
3PM		3PM	
4PM		4PM	

		Office Use Only	
HHH Family Membership	YES / NO	\$30 (early bird) / \$40 \$15 (members) / \$30 <b>TOTAL</b>	<b>Outstanding</b>
Co-op Registration	YES / NO		_____
*Semester	Fall / Spring		_____
Received by: _____		Cash / Check # _____	<b>Received</b>
			_____

Make checks payable to HHUMC  
 Mail to Hollywood Hills Homeschoolers  
 400 N. 35<sup>th</sup> Ave, Hollywood, FL 33021 – [HollywoodHillsHomeschoolers.com](http://HollywoodHillsHomeschoolers.com)



### Co-op Student Class Selections (Additional)

Student:		Student:	
10AM		10AM	
11AM		11AM	
12PM		12PM	
2PM		2PM	
3PM		3PM	
4PM		4PM	

### Photography Release for Minor Child or Children

I hereby **authorize** Hollywood Hills Homeschoolers, hereafter referred to as “HHH,” to publish photographs taken at group events / Co-op classes of myself and/or the minor child or children listed on this form, and our names and likenesses, for use in the HHH's print, online and video-based materials, as well as other HHH publications.

YES            Initials \_\_\_\_\_

NO             Initials \_\_\_\_\_

### RELEASE OF LIABILITY

HHH members are responsible for the behavior and safety of their children, any child left in their care, and/or any child accompanying them to any HHH event, activity and/or field trip. Each participant must assume the risk of physical injury and/or loss of property that could result from any HHH activity and /or event. I understand that participation in events, field trips and activities is voluntary. I release Hollywood Hills Homeschoolers and Hollywood Hills United Methodist Church from any and all liability for any injuries, loss and/or damages to myself, family, and personal property, or my dependents as a result of participating in any HHH coordinated and/or sponsored event, field trip or activity.

I have read the Release of Liability and understand that participation in all activities is voluntary. My witnessed name and signature below certifies I am the parent/legal guardian of the above named student(s) and that I agree to the terms and conditions of being a member of the HHH group.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_