



# Shoshone-Bannock Jr./Sr. High School

School office (208) 238-4200

PO Box 790

Fax (208) 238-2628

Fort Hall, ID 83203

This form for RETURNING students ONLY.

## STUDENT *Re-Registration* FORM School Year 2016-2017

Student Legal Name: \_\_\_\_\_  
Last First Middle

Mailing address, City, State, Zip: \_\_\_\_\_

Physical Directions to home: \_\_\_\_\_

Has this student **EVER** attended any other B. I. A. School? Y N If yes which one? \_\_\_\_\_

FH Reservation District/Area, where you live: \_\_\_\_\_

**BUS TRANSPORTATION NEEDED?** Y N **Will this student be driving to school?** Y N

Home Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Msg: \_\_\_\_\_ Who: \_\_\_\_\_

### **HOUSEHOLD INFORMATION:**

*Mother/Legal Guardian Information (If guardian, please provide documentation):*

Last Name First name Middle Initial Relationship to student

Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

*Father/Legal Guardian information (if guardian, please provide documentation):*

Last Name First Name Middle Initial Relationship to student

Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Who does this student live with? Mother Father Other: \_\_\_\_\_

Who is legally responsible for this student? \_\_\_\_\_

Does this student have any changes in Health condition? Yes No If yes, we will contact you

Is this student interested in Football, Volleyball, Cross Country, Basketball, Track or Cheerleading? (circle all of interest)

OTHER authorized person(s) to sign this student out, if the above are not able to do so: **(PERSON MUST BE 19 YEARS OLD OR OLDER and may need to show a picture I.D.):**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### **PERSON TO CONTACT IN CASE OF EMERGENCY, if the Parent or Guardian is unreachable.**

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Mess. No.: \_\_\_\_\_

Place of employment/city: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### **CONSENT FOR STUDENT TO ATTEND SCHOOL**

*By signing below, I authorize my student to attend Shoshone-Bannock Jr./Sr. High School for the 2016-17 SY and the above information is true and accurate.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STU NO:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

*Shoshone-Bannock Tribes*  
**PARTICIPANT'S HOLD HARMLESS AGREEMENT**

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY, THE UNDERSIGNED STATES AS FOLLOWS:

I, \_\_\_\_\_, Parent and/or Guardian of, \_\_\_\_\_, Participant/Student, give permission to participate in activities sponsored by the SHOSHONE BANNOCK SCHOOL for the purposes of attending **ANY AND ALL FIELD TRIPS OR ACTIVITIES FOR THE EXTENT THAT MY STUDENT IS ENROLLED CONTINUOUSLY WITH THE SHOSHONE-BANNOCK SCHOOL DISTRICT**. I acknowledge by volunteering to participate in this activity that there may be risks of injury or damage to me personally, including but not limited to automobile accidents or injury accidents at the facilities. Knowing these facts, I nevertheless, agree to execute this agreement in consideration for receipt of my willingness to participate in this Activity.

In entering into this Agreement on behalf of myself, my heirs, executors and administrators and hereby waive, release and discharge and hold harmless the Shoshone-Bannock Tribes and the Fort Hall Business Council, including any officers and all individual members thereof and all other persons in any way connected with the Activity, their representatives, heirs, executors, administrators and assignees from any and all right, claim or liability for damages for any all claims of any kind of nature that I might have as a result of, or arising out of my participation in such Activity.

Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal. I further agree that I will defend, indemnify and hold harmless the Shoshone-Bannock Tribes and the Fort Hall Business Council, including any officers or directors, staff/members and agents or any of them against all claims, demands and causes of action including court costs, and attorney fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever whether it be known or unknown.

I do acknowledge that I have read the foregoing Agreement and know and understand the content thereof and agree to be bound by its terms.

**STUDENT/PARTICIPANT Printed Name:**

\_\_\_\_\_

**STUDENT/PARTICIPANT Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**\*\*PARENTS OR LEGAL GARDIANS MUST EXECUTE THE FOLLOWING ON BEHALF OF THE MINOR CHILD.**

I/We, the undersigned Parent/Guardian of, \_\_\_\_\_; on behalf of and in consideration for my/our minor child's participation in the Activity hereby certify that I/We have read this agreement and expressly agree to be bound by the terms of the Agreement on behalf of my/our minor child. I/We, by signing this Agreement, also hereby certify that I/We are the legal Parents(s)/Guardian(s) of the aforementioned minor child and agree to indemnify and hold harmless any party protected by this Agreement on behalf of such minor child.

Parent(s)/Legal Guardians(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_