

# Michiana Covenant Academy (MCA) REGISTRATION Form 1 of 3

**If you registered online you may omit section B**

Check one:  1st Trimester  2nd Trimester  3<sup>rd</sup> Trimester      Date: \_\_\_\_\_

## Section A

Mother's Name: Last		First		Mother's Contact Phone (    )    -	
Address		City		Zip	
Father's Name: Last		First		Father's Contact Phone (    )    -	
Address		City		Zip	
Student E-mail	Student E-mail	Student E-mail	Student E-mail	Student E-mail	Student E-mail

What church do you call home? \_\_\_\_\_

*Do not include my student's email in the Academy Directory*

## Section B

Student(s) you are registering: Please fill the blanks in with the **course code** found in the course description.  
ONLY complete if you are not registering online. Online schedule registrations are recorded digitally.

Name	9:00-9:50	10:00-10:50	11:00-11:50	12:30-1:20	1:30-2:20	2:30-3:20	3:30-4:20	Age	Date of Birth

## Section C

By signing this agreement we:

- admit that we have read and signed the Student Handbook and agree to abide by all the policies and requirements as presently listed or as may subsequently be amended;
- authorize the use of a photo with my child or children in it for the sole purpose of promoting MCA and not for any other use.
- agree to pay the one time per year family registration fee of \$60.00, material fees and 50% of each class/lab for which we have enrolled;
- understand that the registration fee is non-refundable, and class fees are refundable only with 2 weeks written notice prior to the first class.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

- A tax-deductible donation may be paid to: Michiana Covenant Academy (scholarship fund) should you desire to contribute toward a scholarship fund for financially needy families who are asking for assistance.

**Michiana Covenant Academy (MCA)**  
**REGISTRATION Form 2 of 3**  
**Pledge Form**

**Section D**

Family: \_\_\_\_\_

Trimester: 1 2 3

All parents and students attending MCA must sign the pledges listed below. Your signatures indicate that you will abide by the following statements:

As a student attending MCA, I understand that I must obey the MCA Policies and Procedures. Any adult may correct me if I do not, and they may notify my parents.

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Student Signature / Date

As a parent, I have read the MCA Student Handbook and explained them to my children.

If I ever have an issue or problem concerning the MCA, I will discuss it with said Teacher first and if needed, the Administrator. The Board members are not to be contacted directly.

I hereby authorize the following people to either sign in or sign out my student(s) at any time or only at the time/date designated below:

Student	Authorized Adult (first and last name)	Date(s) if applicable

\_\_\_\_\_  
 Parent Signature / Date

\_\_\_\_\_  
 Parent Signature / Date

**MICHIANA COVENANT ACADEMY**  
**LIABILITY RELEASE FORM**  
**Release of All Claims**  
**Application Form 3 of 3**

**Section E**

In consideration for being accepted by Michiana Covenant Academy (hereafter MCA) for participation in any of its activities, I, being the parent or legal guardian of the below named child(ren), do for myself and on behalf of my child(ren), hereby release, waive and forever discharge MCA, its Administrator, board, Pastor, Elders, Deacons, teachers, employees or agents thereof, from any and all liability, claims or demands for emotional or personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me or the student that occur while participating in any activity of MCA.

I agree to hold harmless and indemnify MCA, its Administrator, Board, Pastor, Elders, Deacons, teachers, employees or agents thereof, for any loss, liability, damage or cost they may incur as the result of the negligent, willful or intentional acts of myself or the student.

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the activities of MCA.

I hereby grant my permission for him/her to participate fully in said activity, and, should emergency medical treatment be necessary, I hereby authorize an appropriate adult to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that MCA will use all reasonable efforts to notify me (or the emergency contact listed below), where practical, prior to initiating medical treatment for any such injury or illness. Should neither party be available, I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print full name of all participants \_\_\_\_\_

\_\_\_\_\_

Medical Insurance  Yes  No Policy # \_\_\_\_\_

Insurance Company Name and Address \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list allergies, current medications or significant medical conditions: (specify participant) \_\_\_\_\_