



# Bee-Friend the ACT

## REGISTRATION FORM

Mail or deliver the completed form and payment to:  
Busy Bee Clinic, 122 New Orleans Blvd, Houma, LA 70364.  
Call 985-873-0107 for more details.

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are siblings attending? \_\_\_\_\_ Please list \_\_\_\_\_

Previous ACT Scores: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Name of School \_\_\_\_\_

### EMERGENCY CONTACT: Please list 2 Emergency Contacts in case parent cannot be reached.

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

REGISTRATION SESSION: \_\_\_\_\_ Fee: \_\_\_\_\_

### PERMISSION RELEASE FORM

My child, \_\_\_\_\_, has my permission to participate in the Busy Bee Clinic's Program. I understand that he/she is subject to the Busy Bee Clinic rules of conduct and Computer Acceptable Use Policy. The undersigned acknowledges that the Busy Bee Clinic does not provide any registrant with any medical or hospitalization insurance whatsoever. The undersigned further acknowledges that the Busy Bee Clinic, together with all employees, volunteers, and other persons associated with the Busy Bee Clinic's Program. The Busy Bee Clinic assumes no liability, duty, or responsibility in excess of that required by law. The undersigned agrees to waive any claim for injuries sustained to the extent that said claim exceeds the statutory liability imposed by law. I also hereby release the Busy Bee Clinic, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all activities, and I hereby release the Busy Bee Clinic, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Busy Bee Clinic, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parents or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_