2020-2021 BCMS Activity Registration/Emergency Contact Form <i>To register for an activity:</i> 1.Print and turn in this completed form to the Activities Office 2. Pay the fee online through the Parent Portal in Infinite Campus at: <u>www.bhmschools.org</u> and follow the link to the School Store on the Parent Portal.				
☆ <u>PARTICIPANT INFOR</u>	<u>MATION</u>			
Last Name	First	Name	M.I	
Email Address		School	Grade	_Gender
Parent/Guardian		Work Phone		
Parent/Guardian		Work Phone		
EMERGENCY INFORMATION Please list one additional person whom we can call between 2:30 and 7:30 p.m. if medical treatment is necessary.				
Name Phone Number(s) In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me or persons named above, I authorize the school to call the physician indicated below and to follow his/her instructions. If this physician is unable to be contacted, the school may make whatever arrangements necessary. PARENT/GUARDIAN SIGNATURE				
Physician Name	Clinic Phone		Insurance Company_	
Please list and explain <u>any medical concerns</u> (i.e. asthma, allergies, diabetes, current injuries, etc.)				
ACTIVITY CHOICE (Check <u>ONLY</u> those being paid for at this time.)				
Jazz Band (7 & 8)	-	WINTER (F	E IS \$25 EACH) ge Bowl	
Paid fee o	nline. To pay activity fee on	line go to the Parent	Portal - School St	ore.
☆ <u>PERMISSION</u> : By signing this form, I hereby give permission for our son/daughter to participate in the activity checked above. I acknowledge the expectations and requirements to participate in extracurricular activities as stated in the student handbook and agree to abide by these policies.				
PARENT/GUARDIAN SIGN			DATE	
Fee Paid	Physical	Infinite Ca	mpus	