



Registration and Release Waivers Form
2025-2026

Student Information

Student Name: _____ DOB: _____
Grade: _____ Age (Must be 14 before Oct 31st.): _____ Gender: _____
Student Email: _____ Cell: _____
Address: _____

Is this your first year in homeschool? _____ How many years homeschooling? _____
Previous School/s: _____
Other co-ops or programs you attend: _____

Parent Information

Parent 1: _____ Cell: _____
Email: _____
Parent 2: _____ Cell: _____
Email: _____

Emergency Contact

In the event we can not reach a parent, please list 2 emergency contacts.

Name: _____ Relation: _____
Phone #: _____
Name: _____ Relation: _____
Phone #: _____

RISK RELEASE WAIVER

I, _____, the parent of _____, will assume full responsibility for any Accidental/Medical Insurance needed to cover my child in the case of accidental injury, or the like, while my child is attending Raising Arrows Academy. I will not hold Raising Arrows Co-Op, Academy or Ashland Church responsible in any manner for injury.

Parent Signature Date

PHOTOGRAPHY RELEASE WAIVER

I, _____, the parent of _____, _____ give or _____ do not give my permission for my student to be photographed during Raising Arrows Academy academics and events. These photographs may be used in print or electronically for our yearbook or promoting the Academy. I understand it is my responsibility to update this form if I wish to rescind permission for my student to be photographed.

Parent Signature Date