2020 EAST FT. LAUDERDALE IOWA TESTING REGISTRATION FORM

FOR HIGH SCHOOL ONLY

\*Please print this page and fill one out for **each** student taking the IOWA. \*Please make your check payable to Christine D. McClain and mail check and registration to 300 N. 72nd Ave, Hollywood, FL 33024. The charge is $50 per child, per test. If you want an evaluation letter it is an additional $5. **Deadline to register** is March 3,2020.

*High school testing is Wednesday, April 8, 2020 at Gracepoint Church (5590 NE 6th Avenue Fort Lauderdale, FL 33334)*

*Test Types: IOWA Core (9am-1pm) or IOWA Complete (9am-3pm)*

*\*\*please circle one type\*\**

Child’s: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade to test\_\_\_\_\_\_

Parents’ Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned parent or guardian of the above child releases Gracepoint Church, its representatives and officers and assignees, as well as Christine D. McClain for any and all injuries suffered or sustained at any time your child is on the premises of Gracepoint Church for the purpose of IOWA Testing.

The undersigned parent or guardian of the above child understands Gracepoint Church, and/or Christine D. McClain are not responsible for medical expenses incurred as a result of an injury to your child while your child is using the facilities of Gracepoint Church for IOWA Testing.

I have signed this document in further consideration of the acceptance of my child as a participant in Gracepoint Church for IOWA Testing. I hereby, voluntarily assume any and all risk, including injury to my person or the person of the child for whom I sign as parent or guardian, and/or loss of property to said person or persons which may be caused as a result of my or his/her presence at, or participation in IOWA Testing.

I hereby, for myself, and as parent or guardian for my child, our heirs and personal representatives waive and release any and all rights and claims we may have with Gracepoint Church, and/or Christine D. McClain, its officers and representatives, and assignees for any and all injuries suffered by me or any person for whom I have signed as parent or guardian in connection with any participation in any IOWA Testing at Gracepoint Church.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Legal Guardian Signature Date

Christine D. McClain [jcdtfp6@gmail.com](mailto:jcdtfp6@gmail.com) 754-224-1061