

Padua Franciscan High School
Summer PE Program 2024
July 8th – July 26th

Student Name _____ **Grade Fall 2024** _____
Last First

Address _____
Street City Zip

Home Phone _____ **Other Parent Phone** _____

Email _____ (student or parent – circle)

Signature of Student _____

I request that my son/daughter be enrolled in the Summer PE Program at Padua Franciscan High School. I understand that without exception he/she may miss a maximum of one day of class out of the 15 days scheduled; no credit is earned for this class with the second absence. I acknowledge that class times are 8:00 a.m. until noon daily. I also understand that **after the second day of class, no refund of the registration fee will be made.**

Signature of Parent _____ **Date** _____

PLEASE NOTE:

- Registration Fee of \$150.00 must accompany this Registration Form, checks payable to Padua Franciscan High School.
- Return registration materials to the Business Office, personally or via mail – ATTN: Business Office.
- The Emergency Medical Authorization on the reverse side must be completed.
- The first day of class is Monday, July 8th. Students should be in regular Padua gym uniform (Gym Uniform consists of an appropriate mid-thigh length, loose fitting athletic shorts and any Padua imprinted t-shirt.)