

Richmond Homeschool Forensics  
Foundations of Policy Debate 2009-2010  
**REGISTRATION FORM**  
New students

*Print this form, fill it out completely, sign it and mail it with your check made out **RHF** to:  
Judy Britton • 3030 Scarsborough Drive • Richmond, VA 23235*

*Please fill out a separate form, including signatures, for each student you are registering.*

Student's name \_\_\_\_\_ Preferred nickname \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_

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

Student's e-mail \_\_\_\_\_

Parents' e-mail \_\_\_\_\_

Parent's cell # \_\_\_\_\_ Student's cell # \_\_\_\_\_

Foundations of Policy Debate Course tuition: \$250.00.

Full Tuition is enclosed.

I prefer to make monthly payments of no less than \$50.00 per month.

My first check is enclosed in the amount of..... \$ \_\_\_\_\_

***~ I understand that I am committing to pay the entire tuition amount of \$ 250.00. ~***

Total enclosed..... \$

***I have read and agree to abide by the RHF guidelines and rules. (See separate sheet.)***

In the event an accident, damage or injury occurs, I shall defend, indemnify and hold Richmond Homeschool Forensics and its agents harmless from and against any and all liability, loss, expenses, (including reasonable attorney's fees) or claims for injury, loss or damages arising out of my child's participation in this activity but only in proportion to and to the extent such liability, loss, expenses, attorney's fees or claims for injury or damages are caused by or result from the negligence or omissions of applicants, its officers, agents, employees or members. I understand that Richmond Homeschool Forensics staff will not be responsible for any loss, damage, or destruction of personal property, and I will not hold the organization, its staff or its members liable should an accident occur.

Parent's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

