

KLEIN OAK HOSA REGISTRATION

Please return forms with correct dues to your advisor on or before October 5, 2018. See below for 2018/19 dues. Please print legibly.

LAST Name _____ FIRST Name _____ Grade _____

Street Address _____

City _____ Zip _____

Parent Cell # _____ Gender _____

Student Cell # _____ Ethnicity _____

Student ID# _____ Student email _____

Late registration and dues will incur an additional ten-dollar (\$10) fee past Oct. 5, 2018

- **Member and Competing - dues \$100** _____
- **Member only - dues \$80** _____

➤ These dues do not cover the End of Year Party

***Late registration and dues submitted past Oct. 12 will be strictly a member, with no chance of competing*

Choose Your T-Shirt Size:

X-small Small Medium Large X-Large Other: _____

Enter your class schedule in the space provided below (MUST BE COMPLETED)

Pd	Room #	FALL		SPRING	
		Teacher	Room #	Teacher	Room #
1					
2					
3					
4					
5					
6					
7					

****NOTE: KLEIN OAK HOSA has a no refund policy for any reason, including registration dues. Furthermore, NO PASS/NO PLAY applies to competition and all community service activities. Klein Oak HOSA Constitution & By-Laws are available upon request.**

Klein Oak High School HOSA

Parent Signature _____ Date _____

OFFICE USE ONLY
Paid: Check _____ Cash _____ Amount \$ _____

Student Contact by Text Message

You and your child have chosen to participate in extracurricular activities at Klein ISD. Keeping you and your child informed of changes in practice times, arrival and departure times for activities, etc. is very important to ensuring your child's involvement is a positive experience. Students are informed of changes using a variety of methods. Advancements in and the affordability of technology (cell phones, email, etc.) have created another avenue for contact to take place. Klein ISD requires that the parent / guardian be contacted (Cc'd) by any employee directly contacting a student using text messaging as the means of contact except in the case of a health or safety emergency (change in practice times does not constitute a health or safety emergency).

Klein ISD is requesting that you approve or deny the use of this method for contacting you and your child.

- I APPROVE of the following Klein ISD employees (list employees)
Any Health Science teachers
contacting my child and myself regarding extracurricular activities through text messaging:

Parent Cell Number (Texting): _____

Student Cell Number (Texting): _____

I understand Klein ISD and/or its employees are not responsible for the cost of any text messages sent or received to my child or me.

- I DENY the contacting of my child or myself regarding extracurricular activities utilizing text messaging.

Parent / Guardian Signature

Date

Please notify the campus principal or other campus administrator immediately if you believe contact outside the scope of involvement in the activity is made by an employee of the District or if contact was made without your knowledge.

**Parents, please be aware that Klein Oak HOSA does have its own Remind account in which messages will be sent to all students. You can join this Remind if you would like by texting the number 81010 and texting the message @kleinoakho – please be sure that sign up as your student's parent. (ex: Mike Jones parent or Mike Jones mom/dad) By doing this, we can make sure to include you if we need to contact your student individually.

PARENT PERMISSION FORM

Name of Club HOSA

School Klein Oak

Purpose of the HOSA is to provide leadership opportunities using community service projects and school related activities.

Student Name _____

******* A faculty sponsor may not be present at the community service project or school related activity.**

This form MUST be signed and returned prior to the student being allowed to participate. Parental approval will not be obtained by telephone.

The undersigned, being the parent or guardian of _____ do hereby consent to said student's participation in the above-mentioned club/organization, which may include community service activities as well as school activities.

Parent/Guardian Signature

Date

I, _____ hereby grant the Health Science Technical Education Program or HOSA permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

Parent/Guardian Signature

Date

Printed Name of Student

Student's Signature

Parental Permission for Release of Information to the News Media

We, the parents/guardian of _____ hereby authorize officials of the Klein Independent School District to release information about our child which is known to or maintained by KISD, its agents, employees, representatives and trustees, to permit school officials to respond to media inquiries involving our child. We understand that this authorization includes any information covered by the Family Education Rights Privacy Act ("FERPA"), 20 USC Section 1221, and Section 552.114 of the Texas Government Code. We further permit news media representatives to release this information to the public.

Signature of Parent/Guardian

Date