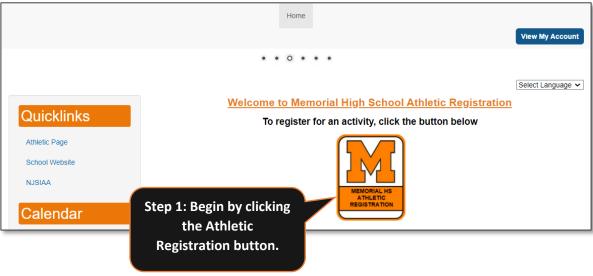


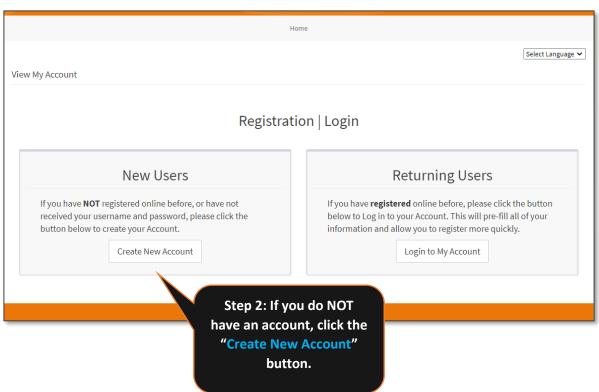
# rSchoolToday Activity Registration

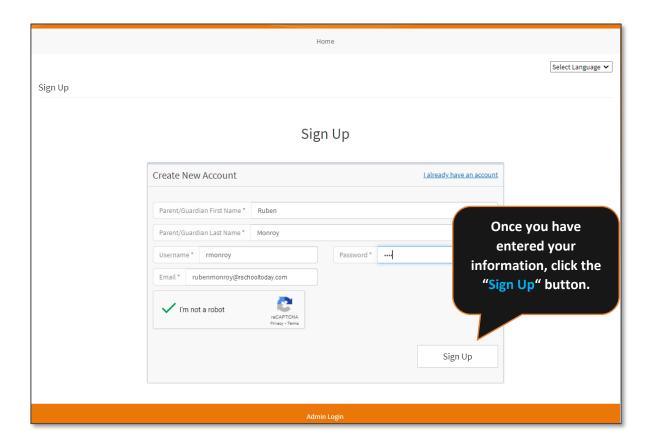
## **QUICK START GUIDE FOR PARENTS**

Welcome to the rSchoolToday Activity Registration Quick Start Guide for Parents. This guide will help you to:

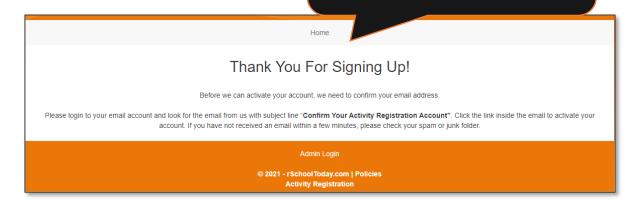
#### **LET'S GET STARTED**

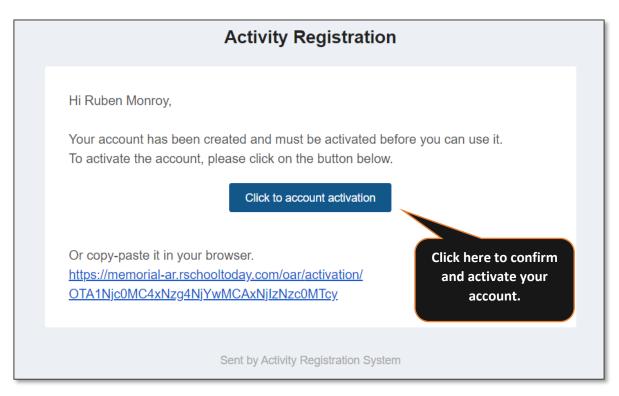


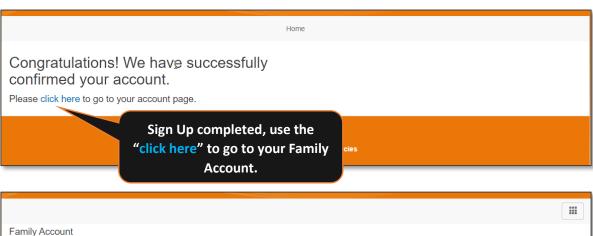


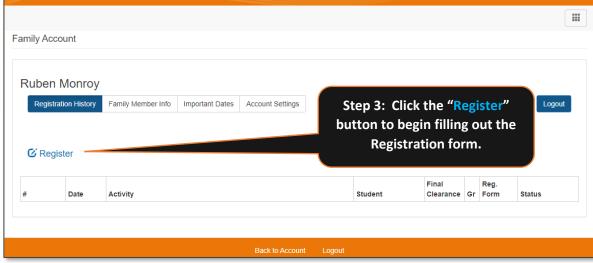


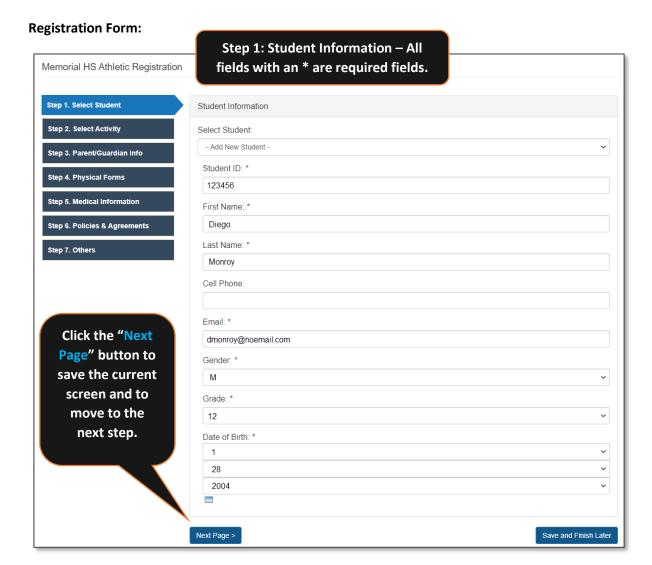
You will receive a "Thank You For Signing Up!" message and will need to log into the email you have provided for your new account.

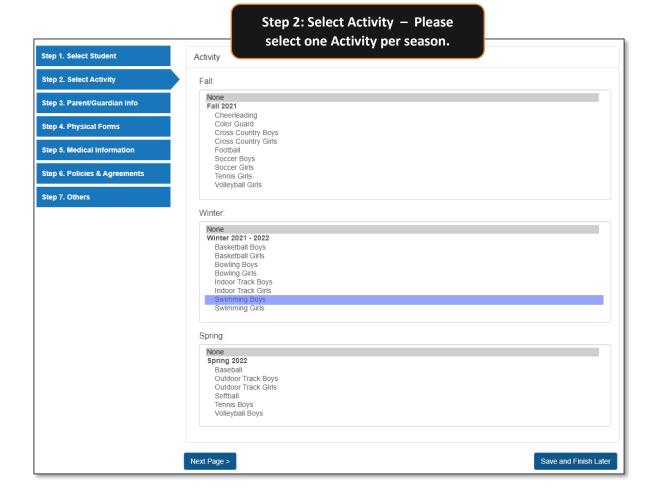




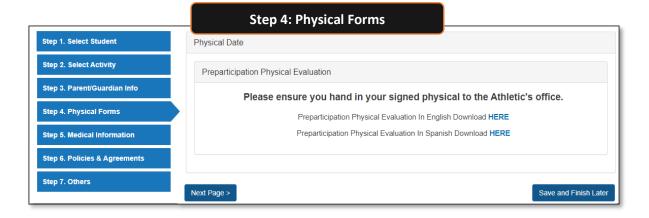


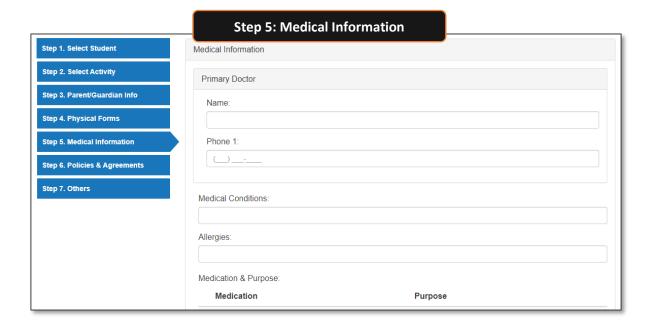


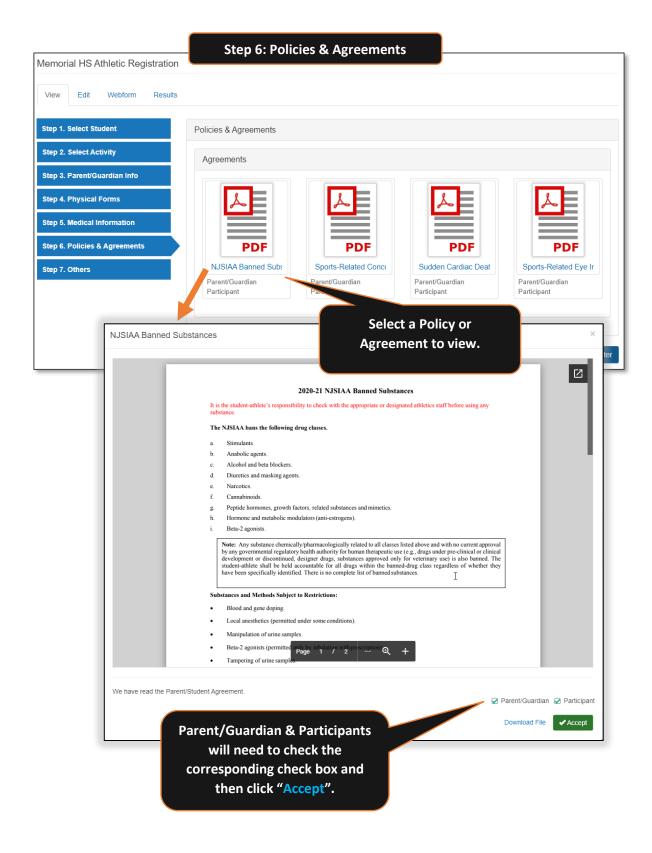




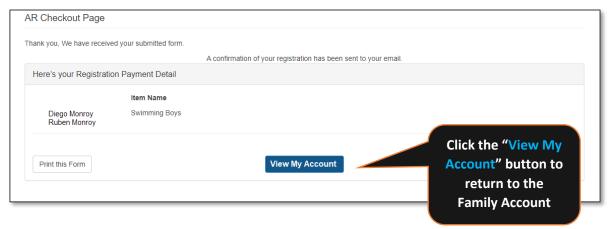
#### **Step 3: Parent/Guardian Info** Step 1. Select Student Parent/Guardian 1 Information Step 2. Select Activity First Name: \* Ruben Step 3. Parent/Guardian Info Last Name: \* Step 4. Physical Forms Monroy Step 5. Medical Information Day Phone: \* Step 6. Policies & Agreements (201)-553-4110 Step 7. Others Cell Phone: \* (201)-553-4253 Address: \* 2304 Main St. City: \*

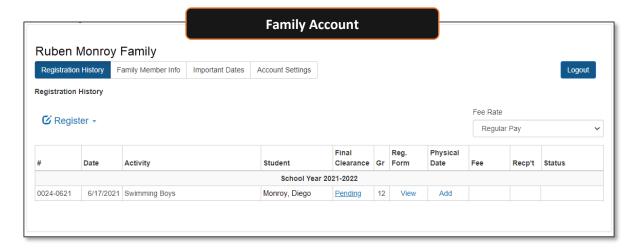




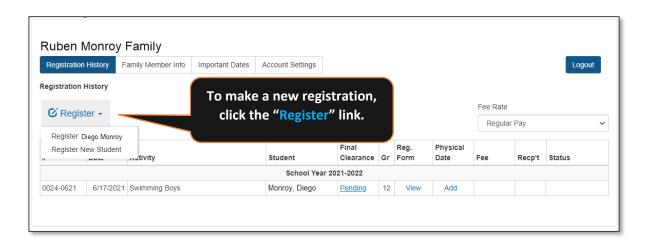


### Step 7: Others Step 1. Select Student Others Step 2. Select Activity PARENT'S PERMISSION Step 3. Parent/Guardian Info I understand that my son/daughter desires to participate in sports at Memorial High School. Realizing that such activity involves the potential for injury, which is inherent in all sports, I acknowledge that even with the best coaching, use of Step 4. Physical Forms the most advanced protective equipment, and strict observances of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. In consideration of my Step 5. Medical Information son/daughter enrollment and participation in the above sport, I hereby release and discharge the West New York Board of Education, including its coaching and sports staff, servants, and/or guardians, directly or indirectly attributable to an Step 6. Policies & Agreements accident or injuries sustained by the said student while practicing in or engaging in any athletic activity arising out of such enrollment and participation. I further agree to be personally responsible for the care of all athletic equipment Step 7. Others issued to my son/daughter by the Board of Education and for the return of said equipment to the athletic department. Should my son/daughter not return the equipment, I will pay the fines and expenses that will be designated by the Board of Education and/or the athletic department. I further understand that attendance at practices and games is mandatory. Frequent lateness and unexcused absences will result in either termination or suspension from the team. Smoking, the use of alcoholic beverages, or the use and possession of controlled dangerous substances (drugs) are prohibited and will result in either termination or suspension from the team. I have read and understood this warning and I hereby give permission for my son/daughter to participate in the above-mentioned sport. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT I hereby give permission for Emergency Medical Treatment by the team physician and/or trainer and/or other allied medical personnel for conditions arising in athletics. This will include, but not be limited to, initial diagnostic x-rays and other such procedures as the physician may deem necessary for the preservation of health Parent-Guardian's Electronic Signature: \* Ruben Monroy < Previous Page Save and Finish Later Click the "Next" button to go to the **Checkout Page.**





You should now be inside your family account. From here, you may view your Registration History, Payment History, Family Member Info, Important Dates and Account Settings.



**Note:** The form will auto-populate the answers based on your previously submitted registration. Please review and edit the answers if needed.