2016-2017 AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION AND AUTHORIZATION FOR MEDICAL CARE

Event Name	Event Location	Event Date/Time	Guest Pass Due
Prom 2017	Whispering Oaks Terrace, Pala, CA	4/28/17 | 6:30-10pm	4/26/17 at 3pm

PARENTS, PLEASE NOTE: It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of student is at the discretion of School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

SPRINGS CHARTER SCHOOLS STUDENT INFORMATION - PLEASE PRINT CLEARLY

Student Name: **Grade**: **Program**:

By signing below: **(1)** I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); **(2)** I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); **(3)** I have no question regarding the intent of this agreement; **(4)** I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and **(5)** I have explained this agreement to the student, who understands his/her obligations hereunder.

Parent/Guardian Name: **Signature**: **Date**: **Phone #:**

AUTHORIZATION FOR MEDICAL CARE - PLEASE PRINT CLEARLY

Student's Name: **Date of Birth**

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to $25,000 (applies excess of family health insurance if applicable.)

Parent/Guardian Name: **Signature:** **Date**: **Home Phone #:**

Home Address **City, State, Zip** **Parent Cell Phone#** **Parent Work Phone#**

Emergency Contact Name: **Phone #**

☐ PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT, PRESCRIPTION MEDICATION, AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE WITH THE SCHOOL.

FOR SPRINGS CHARTER SCHOOLS ADMINISTRATOR USE ONLY:

Paid Date: **Cash | Check # _____** **Payment Rec'd By:**