



2019-2020 AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION AND AUTHORIZATION FOR MEDICAL CARE

Table with 3 columns: Event Name (Grad Nite 2020), Event Location (Disneyland & California Adventure Resort), Event Date/Time (5/30/20 | 12:00pm-2:00am)

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

Form with fields: Student First Name, Student Last Name, Grade, Program, Parent/Guardian Name, Signature, Date, Phone #

AUTHORIZATION FOR MEDICAL CARE - PLEASE PRINT CLEARLY

Form with fields: Student's Name, Date of Birth, 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: Receipt#: