

# Expanded Learning School Program Registration Form

Student's Name Last:                      First:	School	Grade	Pronoun (He, She, They)	Date of Birth

<b><u>PARENT/GUARDIAN'S</u></b>	
LAST NAME:	FIRST:
WORK PHONE: (    )	HOME PHONE: (    )
CELL PHONE: (    )	E-MAIL:
<b><u>PARENT/GUARDIAN'S</u></b>	
LAST NAME:	FIRST:
WORK PHONE: (    )	HOME PHONE: (    )
CELL PHONE: (    )	E-MAIL:
ADDRESS:	CITY:                      ZIP:
EMERGENCY CONTACT:	EMERGENCY PHONE: (    )
RELATIONSHIP TO THE CHILD:	
SPECIAL NEEDS: (diet, allergies, learning disabilities, physical challenges, medications needs accompanied requisite doctor's orders.)	

## Hold Harmless Agreement

I agree to waive and release the Chualar Union School District and its officers, agents, and employees from and against any and all claims, suits or damages, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the Expanded Learning Program (ASES, ELO-P), or any illness, accident, injury or death occurring during or by reason of participation in the Expanded Learning Program.

I further agree to indemnify and hold harmless the Chualar Union School District from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from willful misconduct on the part of the Expanded Learning Program (ASES, ELO-P) and Chualar Union School District, or its employees. I further hereby waive any and all rights to hold the District or any of its officers, agents, employees or volunteers personally, individually, jointly or severally liable for any and all claims.

I understand and agree that by signing this waiver and release, I am freeing the Chualar Union School District, its officers, agents, or employees from any liability resulting from my child's (or my) participation in this activity.

I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this waiver and release.

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

**I give my permission to the Chualar Union School District to photograph me or my children participating in the programs for use in publicity, publications and social media and will not seek compensation for such.**

\_\_\_\_, \_\_\_\_ Please initial.