AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION
AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of: Almond Acres Charter Academy

_____ _____ YS YM YL YXL S M L
(Student Name) (Grade) (Shirt Size, circle one)

has my permission to participate in the following extra-curricular activity, club, program, or special class:

Volleyball

to be held at: **AACA** Supervising Teacher: **Mr. Sommerville**

Please Circle one the choices below:

Elementary Volleyball Grades: 3-5 Practices: M 3-4:00, W 2-3:00 Season: Sept. - Nov.	MS Girls Volleyball Grades: 6-8 Practices: M/F 3-4:30, W 2-3:30 Season: Sept. - Nov.	MS Boys Volleyball Grades: 6-8 Practices: M/Tu/Th 4-5:00 Season: March - May

Cost (to be turned in with waiver): $25 for Elementary, $50 suggested donation for Middle School

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.

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 (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X_____
Authorized Signature of Parent or Guardian

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X_____
Authorized Signature of Parent or Guardian

_____
Parent or Guardian's Name (please print)

Date: _____

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