

# MURWOOD ASE WAIVER

Rev 1/19

**\*\*This form must be completed for all students participating in After School Enrichment classes\*\***

Your child will not be able to attend class until this form is received.

One form is necessary for each student. Do not combine by family.

\_\_\_\_\_ has my permission to participate in all PTA sponsored events for the 2019/20 school year.  
STUDENT NAME

The undersigned parent or guardian assumes all risks in connection with student's participation in any and all of the PTA sponsored activities. I (we) hereby release and discharge the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless caused by the negligence of the PTA.

I (we) do hereby certify that to the best of my (our) knowledge and belief that my child is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) confirm that I have read the afterschool enrichment information in the ASE packet provided by our school/or at [www.murwoodpta.org](http://www.murwoodpta.org) and understand that changes, refunds or late admissions are at the discretion of the class vendor. I (we) also understand that my child cannot be left unattended before or after class per our school principal and the Walnut Creek School District policy and that disruptive behavior is grounds for removal from ASE programs without refund.

I (we) hereby advise that the above named minor has the following allergies, medication reactions or physical condition which should be made known to a treating physician or which could limit participation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE(S) PRINT NAME(S) DATE

\_\_\_\_\_  
STUDENT FULL NAME- please print GRADE

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
PARENT CONTACT NUMBER (1) PARENT/EMERGENCY CONTACT NUMBER (2)

\_\_\_\_\_  
PARENT EMAIL (please print legibly)

Your child's safety is very important to us. Students must be picked up promptly at the end of class. Please note: **A student picked up late 3 times will result in the immediate dropping of the student from the class without refund.** Please make sure that your student knows where to meet you. Inform the instructor who will be picking up your child and list them below.

After class my child will (check ✓): [ ] go to Keyspot [ ] be picked up in front of school [ ] be picked up at class  
Child will be pick up by (list all who are authorized): \_\_\_\_\_

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**\*\*\*Vendor Use Only\*\*\***

Registration Waiver collected by: \_\_\_\_\_ Class Name: \_\_\_\_\_  
(Vendor Name)

Session Title: \_\_\_\_\_ Session Dates: \_\_\_\_\_  
(ie. Fall 2018)