



Student Name \_\_\_\_\_

Grade just completed \_\_\_\_\_

**Camp/Class Dropping:**

**Camp/Class Adding:**

Camp/Class Name	Week	Time		Camp/Class Name	Week	Time	

Office use: **Change Fee \$10 and** +/- difference of camp/class fees \_\_\_\_\_ = amount due: \_\_\_\_\_ or amount refunded: \_\_\_\_\_

Paid by: Check # \_\_\_\_\_ or  Credit Card

Reg# \_\_\_\_\_ Entry completed by \_\_\_\_\_ date: \_\_\_\_\_

Community Schools Release Statement

I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature also indicates that all information provided, including name(s), address(es), phone number(s), grade level, and school in which student is currently enrolled are accurate, and acknowledge that false information provided will result in removal from enrolled class(es) without refund or credit. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies and I agree to review such policies with my child(ren). Also, that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. The following signature also allows pictures to be taken of my child(ren) for future publication.

**Parent's Signature** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Date** \_\_\_\_\_

You may pay by MasterCard or Visa: CardNumber \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Print your name as it appears on the card \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_