

Student's Name _____ Grade _____

Address _____ Zip _____ Home Phone _____

Parent/ Guardian Name _____ Other Phone _____

Parent/ Guardian Name _____ Other Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Classes/Sports/Outdoors (please indicate am or pm for Wednesday study hall)	Fee
Total:	
<i>Late fee after 8/13/17</i>	\$15
Total Amount Due:	

Checks Payable to
Community Schools

Please complete if paying by credit card:	Visa	Master Card	Discover
Name as it appears on card:	_____		
Card Number:	_____ - _____ - _____	Exp. Date:	_____
Authorization Signature	_____		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, cost, 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 allow pictures to be taken of my child(ren) for future publication.

Parent Signature _____ Date _____