



Grade Entering  
Torrance Unified School District

Fall 2018



# 2018 High School Summer Enrichment Enrollment Application

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number & Street Name City Zip Code

School Currently Attending: \_\_\_\_\_ School Attending Fall 2018: \_\_\_\_\_

Parent Name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parent cannot be reached, contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### Please Identify Summer Program(s) You Wish to Enroll:

Class: BAND / COLOR GUARD Instructor: BANIM Times: VARIABLE

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_ Times: \_\_\_\_\_

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_ Times: \_\_\_\_\_

Cost for 1<sup>st</sup> Program selected = \$100.00 · Each additional Program selected = \$90.00

### Office Use Only

Total Classes Enrolled \_\_\_\_\_

Fees Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Initials of Approval \_\_\_\_\_

### AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY FORM

- I certify that information given on this application is accurate. If applicable, I have read and agree to abide by the California Interscholastic Federation (CIF) Student Athlete's Code of Ethics, and all student policies and procedures established by the Torrance Unified School District.
- I understand that many enrichment programs (including athletics) entail unknown and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of these activities. As a participant in this program I acknowledge that the risks may involve but are not limited to: being struck by another participant, ball, etc. or all that may result in contusions, sprains, fractures, broken bones or concussions.
- I agree to provide proof of medical insurance with this authorization form. I agree and fully understand that Torrance Unified School District will provide liability only for any negligence on its part which occurs during authorized practices, classes, sessions, i.e., when the authorized instructor is present and supervising the enrichment event/activity.
- I hereby give my consent to my daughter/son to attend the TUSD Summer Enrichment Program and enroll in the program(s) for which a selection has been made. I agree to ensure that my son/daughter has access to a parent (i.e. home, work or cell phone) in case of emergency, class cancellation, campus evacuation, or any other non-planned event.
- I understand and accept full academic and financial responsibility for selection(s) made on this application. The classes are not a prerequisite for my son/daughter participating in any program during the regular school year. There will be no grades or credit issued for the classes.
- I, the undersigned, hereby release and discharge the Torrance Unified School District, including its officers, employees, agents, servants and volunteers (herein collectively referred to as the "District"), from all liability arising out of or in connection with the above-described practice sessions that may be filed on behalf of or for the above-named minor. For the purposes of this agreement, "liability" means all claims, demands, losses, causes of action, suits or judgments of any and every kind on account of any injury to the person or property of the above-named minor that occurs during the above-described practice sessions and classes, and that results from any cause other than the negligence of the District.

In case of an accident, I give permission to take \_\_\_\_\_ to a physician. I hereby authorize the physician to take necessary care of my child and I agree to assume responsibility for all medical services.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_