



Grade Entering
Torrance Unified School District

Fall 2019



2019 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 2019: _____

Parent Name _____ Work Phone: _____ Cell Phone: _____

Parent Name _____ Work Phone: _____ Cell Phone: _____

If parent cannot be reached, contact: Name _____ Phone _____

Insurance Company _____ Policy # _____ Group # _____

<p>Please Identify Summer Program(s) You Wish to Enroll:</p> <p>Class: <u>BAND / COLOR GUARD</u> Instructor: <u>BANIM</u> Times: <u>TBD</u></p> <p>Class: _____ Instructor: _____ Times: _____</p> <p>Class: _____ Instructor: _____ Times: _____</p> <p>Cost for 1st Program selected = \$100.00 · Each additional Program selected = \$90.00</p>	<p>Office Use Only</p> <p>Total Classes Enrolled _____</p> <p>Fees Paid _____</p> <p>Receipt # _____</p> <p>Initials of Approval _____</p>
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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: _____