

MURWOOD ASE WAIVER – Mandatory for participation One form is necessary for each and every student. Do not combine by family.

**\*\*THIS FORM MUST BE COMPLETED FOR ALL STUDENTS PARTICIPATING IN AFTERSCHOOL ENRICHMENT CLASS. YOUR CHILD WILL NOT BE ABLE TO ATTEND CLASS UNTIL THE FORM IS RECEIVED\*\***

\_\_\_\_\_ has my permission to participate in all PTA sponsored events for the 2018/2019 school year.  
STUDENT'S NAME HERE

The undersigned parent or guardian assumes all risks in connection with the 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 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 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 I understand that changes, refunds or late admissions are at the discretion of the class vendor. I also understand that my child cannot be left unattended before or after class per our school principal and the Walnut Creek Unified School District Policy and that disruptive behavior is grounds for removal from ASE programs without a 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: \_\_\_\_\_

\_\_\_\_\_  
GUARDIAN/PARENT SIGNATURE(S)      PRINT NAME(S)      DATE  
STUDENT FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER NOT YET KNOWN  
ADDRESS \_\_\_\_\_  
PARENT NAME(S) \_\_\_\_\_  
PARENTS BEST PHONE NUMBER(S): \_\_\_\_\_  
EMAIL CONTACT (LEGIBLY, PLEASE) \_\_\_\_\_ NO EMAIL? ☒ Here \_\_\_\_\_

**Your child's safety is very important to us. Students must be picked up promptly at the end of class! Make sure that your child understands where to meet you. Tell the instructor WHO will be picking up your child and list them below. After class my child will (circle all that apply):**

Go to Keyspot / Be picked up in front of school / Be picked up at class

Picked up by Whom? : \_\_\_\_\_

IF registering for Choir/Chorus circle which: Beginning Choir K-1 / Chorus 2-5

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\\Vendor use ONLY below the line: This registration waiver collected by: Vendor Name -

\_\_\_\_\_ Session Title -

\_\_\_\_\_ Session Date - \_\_\_\_\_

(ie., Fall 2017)