

Parent's Consent
Insurance/Waiver
Co-Curricular
Agreement

Wm. S Hart Union School District
ACTIVITY CLEARANCE CARD 2019 - 2020
PLEASE PRINT LEGIBLY OR TYPE

Valencia
High School

STUDENT _____ GRADE _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Email _____

Parent approves participation in the following:

CONCERT CHOIR, VJ, MIXED CHOIR, TREBLE CHOIR
ALL FIELD TRIPS BY BUS OR DISTRICT APPROVED VEHICLE / DRIVER

PARENTAL CONSENT AND CO-CURRICULAR AGREEMENT

I hereby consent for the above-named student _____ to go with a representative of the school on any/all trips transported by bus or a district approved driver. In case of injury to this student, you are authorized to have him/her treated. I further understand that in case of injury, the school staff and student body are relieved of all liability from medical or hospital bills sustained in participation in school activities and agree to abide by the rules and regulations. (See Valencia High School student handbook – “Notice of Rights and Regulations, and Responsibilities.”)

PARENT SIGNATURE _____ DATE _____

I have read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations.

STUDENT SIGNATURE _____ DATE _____

PRIVATE INSURANCE COVERAGE (IF APPLICABLE)

This is to certify that my child is covered by insurance and further, that said coverage will be in force for the entire current school year.

Medical Insurance Co. _____ Policy No. _____

Parent Signature _____ Date _____

Work Phone: Father () _____

Mother() _____

Other person to contact if parent cannot be reached

Name _____ Relationship _____

Phone () _____