

Val Vista Academy Club Registration Form



STUDENT NAME _____ GRADE _____

TEACHER _____

Where will they go after club? (Walk home, kid's club, parent pick up, etc.) _____

PARENT/GUARDIAN NAME _____

PHONE NUMBER _____

E-MAIL _____

DESCRIBE ANY MEDICAL CONDITION THAT WE SHOULD BE AWARE OF (ASTHMA, ALLERGIES, ETC.)



You may scan the QR code or visit our website by clicking on [Payments](#) Select CLUBS, please put Student's Name and ASL in the additional info. (Highlighting changed to corresponding club. i.e. ASL, Art Club, Friendship, etc.)

Payment or receipt of payment must be attached to this form (including online).

I the undersigned certify that I am the parent of the minor child/children listed above and grant my permission for my child/children to participate in the programs held here at Val Vista Academy. I warrant that the child is physically able to participate in these activities. I recognize that some of these activities have a risk of injury that could occur during a session and allow my child/children to participate. I agree to hold harmless Val Vista Academy and all independent contractors involved from any and all claims of illness and injury directly or indirectly from the child's/children's participation. I freely and voluntarily release this charge, waive and relinquish, on behalf of my child/children, myself, and any other person acting on my child's/children's behalf, any and all claims including acts of negligence, personal injury, damage costs, liabilities, or expenses including attorney fees and court counts. I further expressly agree that in the event that any proportion of this release shall be deemed enforceable in a court of law, in no event shall the liability exceed the amount of the fees collected by Val Vista Academy for the instruction provided to the child/children. I also authorize Val Vista Academy to obtain for my child/children any emergency medical attention they deem necessary. As the guardian, I further agree that any medical services obtained is done by my own expense. **I also understand there are no refunds after the first session.**

Parent/Guardian Signature _____

Print Name _____ Date _____