

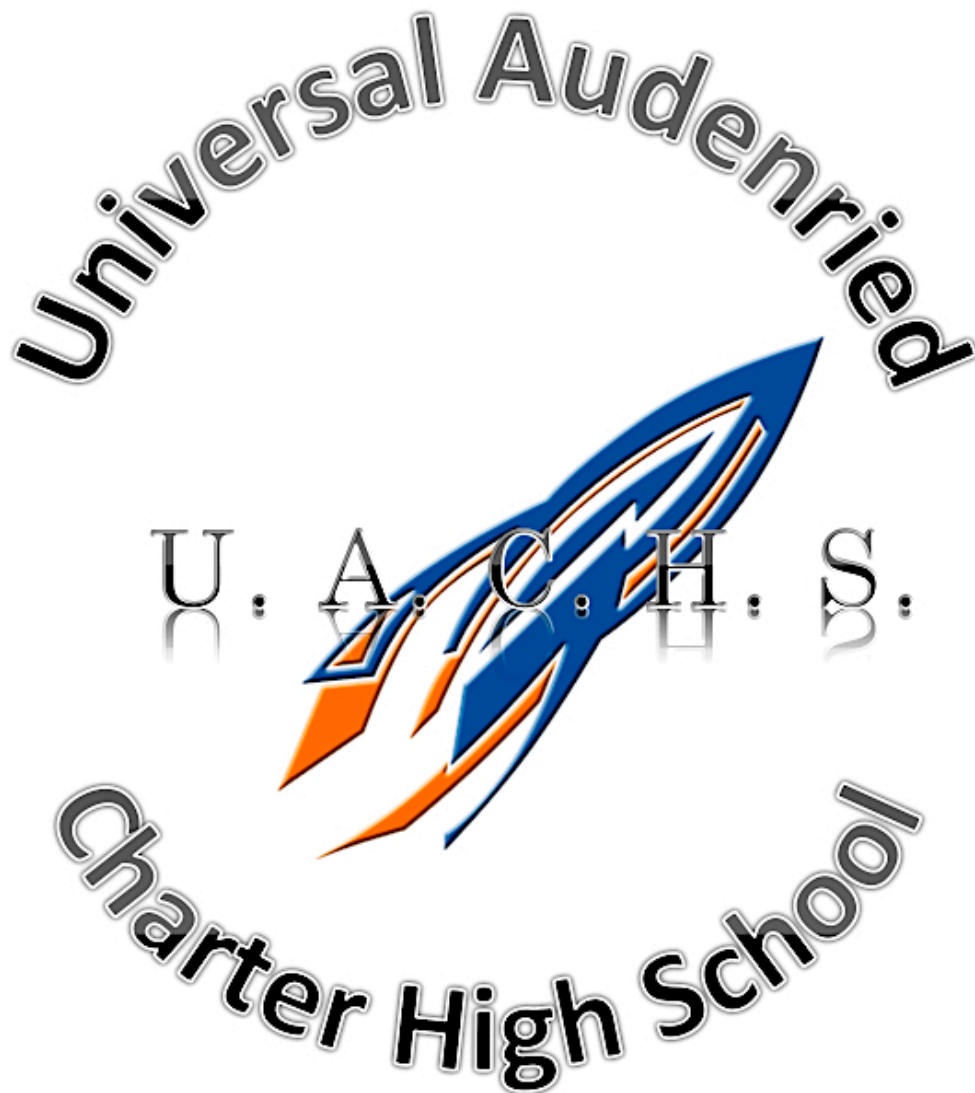


Universal Audenried High School  
3301 Tasker Street  
Philadelphia, PA 19145-1021  
(215) 952-4801



Universal Audenried Parent/Student Application

# 2011-2012 APPLICATION





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Philadelphia, PA 19145-1021  
(215) 952-4801

## Universal Audenried Parent/Student Application

# INSTRUCTIONS FOR COMPLETING FORMS

The **packet** must be completed and returned as soon as possible.

- Page 2**      **Other items-** *These are other items you will need to submit.*
- Page 3**      **Application for Admission** *Please complete this whole section.*
- Page 4-5**    **Charter School Student Enrollment Notification Form** (2 pages)  
*Complete this even if your child was not enrolled in a Philadelphia public school or charter school. This form ensures that your child is officially transferred to Universal Audenried Charter Schools.*
- Page 6**      **Act 26 Parental Registration Statement**  
*Pennsylvania School Code 13-304 requires all parents/legal guardians to provide information to the admitting school regarding any expulsions the child may have had with offenses involving a weapon, alcohol or drugs, or for any injury to another person or school property.*
- Page 9**      **Student Information Form**  
*This form is used to establish emergency contact information and identify students who have received special education services in the past. Additionally, we must keep health insurance information in the event that your child requires medical assistance while under our care.*
- Page 10**    **Request for Student Records**  
*This form allows us to request records from your child's school. "Name of sending school" refers to the last school your child attended. "Grade" refers to the grade they are in **now**.*
- Page 11**    **Request for Medical/Health Information and Parent's Medical Permission Form**  
*This form must be completed even if your child has no serious medical or health conditions.*
- Page 12**    **Permission to Conduct Vision and Hearing Screening Permission**  
*Please provide all information requested. Under state law your child is required to get hearing and screening tests during certain grades.*
- Page 13**    **Home Language Survey**  
*Pennsylvania Department of Education requires that we collect this information so that we can provide English as a Second Language programs to any eligible student.*
- Page 14**    **Whatever It Takes Pledge**  
*These forms must be signed by both parent/legal guardian and student.*
- Page 15**    **Media Waiver and Release**  
*This must be signed by the parent or legal guardian.*
- Page \*\*\***    **Confidential Family Income Information**  
*To Be Distributed Separately. This form is used to collect information that will allow us to apply for state, federal, and private grants based on income status of our enrolled students and to pre-qualify for reduced lunches.*



## **PRE-ENROLLMENT INSTRUCTIONS**

### **To be completed by Universal Audenried Charter School**

To be re-enrolled or for new enrollment we will need:

- 1) Completed enrollment packet (Pages 1-14)
- 2) Proof of residency (i.e. photocopy of a driver's license with current address and/or gas bill, electric bill, telephone bill)
- 3) Proof of child's birth (photocopy of birth certificate)
- 4) Copy of Social Security card
- 5) Current Immunization records
- 6) Special Education Records (photo copy if applicable)

If you are no longer interested in re-enrolling or enrolling at Universal Audenried Charter School. We will remove your application



**Universal Audrenried Parent/Student Application**

\_\_\_\_\_  
**Student Last Name**                      **First Name**                      **MI**                      **M / F**  
 (Gender, Circle one)

**Grade student will enter in 2011:** \_\_\_\_\_                      **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

\_\_\_\_\_  
**Street Address**                      **City**                      **State**                      **Zip**

\_\_\_\_\_  
**Current School**                      **School Phone Number**

\_\_\_\_\_  
**School Address**                      **City**                      **State**                      **Zip**

**Race/Ethnicity Information**  
**Please complete both parts. This information is required for state reporting.**

**Part One:**  
 Please select one of the following:  
 \_\_\_ **1 Hispanic or Latino**                      \_\_\_ **2 NOT Hispanic or Latino**

**Part Two:**  
 Please select all that apply:  
 \_\_\_ **1 American Indian or Alaska Native**                      \_\_\_ **4 Native Hawaiian or Other Pacific Islander**  
 \_\_\_ **2 Asian**                      \_\_\_ **5 White**  
 \_\_\_ **3 Black or African American**

Does the student have a sister or brother who has or is attending our school now?    Yes \_\_\_\_\_    No \_\_\_\_\_  
 If so, what is the name of the student? \_\_\_\_\_    Grade \_\_\_\_\_  
 How did you hear about our Information Session? \_\_\_\_\_

**Parent/Guardian Information**

With whom does the applicant currently live? (Check all that may apply)  
 \_\_\_ Both Parents    \_\_\_ Both Parents Alternately    \_\_\_ Mother Only    \_\_\_ Father Only    \_\_\_ Guardian    \_\_\_ Foster Parents    \_\_\_ Other Adult  
 Special Custodian Court Instructions:    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
**Name of Parent(s) or Legal Guardian(s)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Home Phone Number**                      **Work Phone Number**                      **Cell / Alternative Phone Number**

\_\_\_\_\_  
**E-mail**

**Signature of Parent/Guardian and Applicant**

I certify that all information provided in this application is accurate. I understand that Universal Audenried Charter Schools can deny or revoke admission or enrollment if any information is found to be incomplete or inaccurate.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**

\_\_\_\_\_  
**Student Signature**                      **Date**



**Universal Audrenried Parent/Student Application**

**Universal Audrenried Charter School Student Enrollment Notification Form  
 For School Year 2011-2012**

Charter School  
 Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I. Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address  
 (If Different From Home Address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**II. School District of Residence and Former School Information**

School District of Residence: \_\_\_\_\_

Former School Information (Other Than Pre-School):

\_\_\_\_\_ Public School      \_\_\_\_\_ Charter School      \_\_\_\_\_ Home School      \_\_\_\_\_ Nonpublic School

\_\_\_\_\_ Student Not Enrolled in School Preceding Enrollment in Charter School Because:

Re-Enrolling \_\_\_\_\_ Dropout \_\_\_\_\_ Other \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdrawal Date From Former School: \_\_\_\_\_

Was your child receiving special education services based on an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your child receiving any behavioral support services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, to above questions, do you have copies of the educational or behavioral evaluations and other records \_\_\_\_\_ Yes \_\_\_\_\_ No



**Universal Audrenried Parent/Student Application**

**III. Parent/Guardian Information:**

Child Lives With:  Both Parents  Both Parents Alternately  Mother Only  Father Only  
 Legal Guardian  Foster Parents  Other Adult \_\_\_\_\_  
 Special Custodial Court Instructions:  
 (If yes, please provide a copy of court order.)  Yes  No

**Complete Parent/Guardian Name and Address Information As Applicable**

Father's Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**If The Student Is Not Living With Parents, Please Complete This Section.**

Guardian's Name Or  Foster Parent's Name Or  Other Adult Name  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IV. To Be Completed By Charter School:**

Verification of Date of Birth:  Birth Certificate  Other \_\_\_\_\_  
 Proof of Residency  Driver's License  Gas Bill  Electric Bill  Other \_\_\_\_\_  
 Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
 Grade Student Is Entering: \_\_\_\_\_

**Signature of Charter School Representative:** \_\_\_\_\_



**Universal Audrenried Parent/Student Application**

**PARENTAL REGISTRATION STATEMENT – ACT 26**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

**Please complete the following:**

I hereby swear or affirm that my child was \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled, or is \_\_\_\_\_ is not \_\_\_\_\_ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

**If this student has been or is presently suspended or expelled from school, please complete:**

Name of the school from which student was suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension on back of this sheet)

Reason for suspension/expulsion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



## Universal Audenried Parent/Student Application

### **POLICIES AND PROCEDURES REGARDING STUDENT EDUCATION RECORDS AND THE RIGHTS OF PARENTS AND STUDENTS UNDER FEDERAL LAW CONCERNING CONFIDENTIALITY**

Universal Audenried Charter Schools (UACS) protects the confidentiality of personally identifiable information regarding its exceptional and protected handicapped students in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other disability Federal and state laws.

Educational records mean those records that are directly related to the student that are maintained by UACS or by an entity acting for UACS. For all students, UACS requires educational records that include, but are not limited to:

Personally Identifiable Information – confidential information that includes, but is not limited to, the student's name, name of parents and other family members, the address of the student or the student's family and other information or personal characteristics that would make the student's identity easily identifiable.

Director Information – information in an education record of a student which would not be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to, the student's name, address, telephone number, date and place of birth, major fields of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school or institution attended.

Directory information may be released without parent or student consent. Parents or students have the right to ask the agency to designate any or all of the student's information as directory information.

However, UACS must obtain parent or student consent before disclosing identifiable information to anyone not entitled to it under law. (Note: a student can take the place of a parent to release information if the student is eighteen years old or attending a secondary institution.) Consent means the parent or student has been fully informed regarding the actual required consent, in their native language or normal mode of communication. They understand and agree in writing to the activity and they understand that consent is mandatory before UACS may disclose identifiable information to anyone not entitled to it under law and may be revoked at any time.

Parents have the right to inspect and review the student's educational records. UACS will comply with a request to inspect and review educational records without unnecessary delay regarding an IEP or any due process hearing, but in no case more than thirty days after the request has been made. Parents have the right to requires copies of the records. While UACS cannot charge a fee to search for the records, it may charge a copying fee as long as it does not effectively prevent the parents from exercising their right to inspect and review the records. Parents have the right to appoint a representative to inspect and review their child's records. If any educational record contains information on more than one child, parents have the right only to inspect and review information relating to their child.

If parents think information in an education record is inaccurate, misleading, or violates the privacy or other rights of their child, they may request amendment of the record. UACS will decide whether or not to amend the record and will notify the parent in writing of the election. If UACS refuses to amend the record, it will inform the parents of their right to a hearing to challenge the disputed information.

Such record hearings will be held within a reasonable amount of time after a parent's request and the parent shall be entitled to the date, time, and place a reasonable time in advance.



## **Universal Audrenried Parent/Student Application**

The hearing may be conducted by any individual, including a UACS official, who does not have a direct interest in the outcome of the hearing. The parent will have a full and fair opportunity to present evidence at the hearing and may be assisted or represented by one or more individuals including an attorney.

UACS will make its decision in writing in a reasonable time after the hearing. The decision is based solely on the evidence presented at the hearing and includes a summary of the evidence and reasons for its decision. If the hearing decision is that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, UACS will amend the information and inform the parent in writing. If the hearing decision is that the information will not be amended, the parents have the right to place in the educational record setting forth reasons for disagreeing with the hearing decision. Any such explanation located in the records of a child will be maintained as long as the records of the child are maintained and will be disclosed whenever the record is disclosed to any party.

UACS will inform the parent when generally identifiable information is no longer needed to provide educational services to a child. Such information must be destroyed at the request of the parents. Moreover, a permanent record of student's name, address and phone number, his or her grades, attendance records, classes attended, grade level completed and year completed, must be maintained without time limitations. "Destruction" of records means physical destruction or removal or personal identifiers from information so that the information is no longer personally identifiable.

UACS will provide, upon request, a listing of the types and locations of educational records maintained, the school officials responsible for these records, and the school personnel authorized to see personally identifiable information. Such personnel receive training and instruction regarding confidentiality. UACS keeps a record of those obtaining access to educational records, including: the name of the party, the date access was given; and the purpose for which the party is authorized to use the records.

UACS will provide a copy of its confidentiality policy upon request. Complaints may be filed with the Family and Educational Rights and Privacy Act Office, U.S. Department of Education, in Washington, D.C.



**Universal Audrenried Parent/Student Application**

**STUDENT INFORMATION (CONFIDENTIAL)**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Assistance/ACCESS Number:** \_\_\_\_\_

**Health Insurance Plan Name:** \_\_\_\_\_

**Health Insurance ID Number:** \_\_\_\_\_

**Primary Care Physician's Name:** \_\_\_\_\_

**Primary Care Physician's Number:** \_\_\_\_\_

**Does student currently have a Special Education IEP? (Circle):** YES NO  
 (if YES, and you are a new student please include a copy of the IEP with this form)

**Does your child have a 504 Plan? (Circle):** YES NO

Section 504 plans are support plans for students with disabilities that don't require instructional support. A Section 504 plan tells the school what accommodations are needed to support your son or daughter. These plans are often provided to students with medical conditions but are available to anyone. In order to qualify for these supports, a student must be identified as having a physical or mental disability that substantially limits a major life activity.

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Universal Audrenried Parent/Student Application**

**REQUEST FOR STUDENT RECORDS**  
*New Admissions Only*

Date: \_\_\_\_\_

To: \_\_\_\_\_  
 Name of Previous School

Dear Admit/Dismiss Secretary:

We admitted \_\_\_\_\_ to our school for September 2010.  
 Name of Student

His/her date of birth is: \_\_\_\_\_. He/she is in grade: \_\_\_\_\_

Please forward a copy of his/her packet (and all special education records and IEP's, including educational, psychological, psychiatric, and neurological reports, as applicable) to us by July 31<sup>th</sup>, 2011 at the following address:

\_\_\_\_\_  
 Authority from parents to release student records:

**Please release my child's packet to Universal Audrenried Charter School.**

\_\_\_\_\_  
 Name of Child (Please print)

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date



**Universal Audrenried Parent/Student Application**

**REQUEST FOR MEDICAL/HEALTH INFORMATION AND PARENTAL MEDICAL PERMISSION RECORD**

**STUDENT NAME:** \_\_\_\_\_

1. Is your child currently being treated by a doctor? YES NO  
 If YES, for what condition(s) is your child being treated? \_\_\_\_\_

2. Is your child currently taking medication? YES NO  
 If YES, which medication(s) does your child take? \_\_\_\_\_

3. Do we need to administer medication to your child during the day? YES NO  
 If YES, when should the medication be administered? \_\_\_\_\_

4. Does your child have any allergies? YES NO  
 If YES, what is your child allergic to? \_\_\_\_\_

5. Please indicate any other medical or health related issues we need to know about: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Because your child is a minor, the law requires that parental permission be obtained before medical procedures may be performed on him or her. Therefore, we ask that a parent or guardian sign this permission form so that, if necessary, medical procedures may be promptly carried out on your child, and that no unnecessary delays will occur in getting your child necessary medical procedures. However, no major operation will be performed on your child without medical consultation with you, the parents or guardians.

**I GIVE PERMISSION FOR SUCH DIAGNOSTIC, THERAPEUTIC, AND OPERATIVE PROCEDURES AS DEEMED NECESSARY FOR MY CHILD.**

\_\_\_\_\_  
 Parent/Guardian Name (Print) Relationship Date

\_\_\_\_\_  
 Parent/Guardian Signature



**Universal Audrenried Parent/Student Application**

**REQUEST FOR MEDICAL/HEALTH INFORMATION**  
**Universal Charter Schools Request to Obtain Information**

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Name of Organization Requesting the Record:**

Universal Charter Schools (Check one)

- Bluford
- Daroff
- Audenried
- Vare

**Name of Organization Releasing Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**The information to be obtained includes:**

	Yes	No		Yes	No
Psychiatric Evaluations	___	___	Social History	___	___
Psychological Evaluations	___	___	Therapy Summary	___	___
Interagency Summary	___	___	Treatment Plan	___	___
Discharge Summary	___	___	Other: _____		

**The information to be obtained is for the purpose of (describe):**

\_\_\_\_\_  
 \_\_\_\_\_

**My signature indicates that I understand that this request will become a part of the client’s medical record. I understand that the parent/legal guardian must provide written consent in order for Wordsworth to release the record requested. Once a request for records is received, the agency will review the client’s record to determine if the caregiver has consented to the release of the requested information. If consent is present, the requested material will be provided to the designated individual. If we do not have a signed release form on file, we will notify the requestor so the school can seek the caregiver’s permission to release information on their own.**

**Signature of Person Requesting the Record**

\_\_\_\_\_

Date: \_\_\_\_\_

**Print Name of Person Requesting the Record**

\_\_\_\_\_



**Universal Audenried Parent/Student Application**

**WHATEVER IT TAKES PLEDGE**

Universal Audenried Charter believes that parent, students, and the school must work together to ensure each student's success. Universal Audenried pledges to do whatever is necessary to support student achievement. In turn, we expect students and their families to commit to whatever effort and time is necessary to succeed. This agreement describes the responsibilities and expectations that families accept when they enroll at Universal Audenried Charter School.

**I WILL SUPPORT MY CHILD:**

I will do whatever it takes to support my child's success. I will ensure that s/he works hard, follows the rules and remains focused on his/her academic achievement.

I agree to support my child's academic work by communicating regularly with my child's teachers and attending parent-teacher conferences. I agree to notify Universal Audenried Charter School when my address, telephone, or email contact information changes.

**ATTENDANCE:**

I will ensure that my child attends school every day, prepared to learn and on time. I understand that attendance, promptness and preparedness significantly impact my child's success.

**HOMEWORK:**

I will ensure my child completes all homework assignments. I will provide a suitable environment, structured time, supervision and support to ensure that homework time is successful.

**ACADEMIC SUPPORT:**

I understand that Mastery provides additional academic supports when needed. These supports may be provided during the school day or before or after school or on Saturdays. I will support and ensure that my child actively participates in all mandated academic support programs.

**CODE OF CONDUCT:**

I agree to learn and review the Code of Conduct and school rules with my child.

I understand that if my child fails to follow the Code of Conduct and community rules, consequences such as detention, in-school or out of school suspension, restorative consequences, exclusion from school activities and/or expulsion may result.

I will come to school for a reinstatement meeting if my child is suspended and I understand that my child will not be allowed to return to class until this reinstatement meeting occurs.

**NON-VIOLENCE**

I agree to support and encourage my child in using productive, non-violent strategies to resolve conflicts.

**STUDENT DRESS CODE & PERSONAL ELECTRONICS:**

I will ensure that my child abides by all parts of the dress code daily. I understand that students must be in full uniform to participate in all school events.

I understand that displayed personal electronic devices including phones, iPods, MP3s, etc... may be confiscation. Confiscated items will only be returned to a parent or guardian during scheduled report card conference.

\_\_\_\_\_  
 Parent signature                      Date

\_\_\_\_\_  
 Student signature                      Date



**Universal Audenried Parent/Student Application**

**Waiver and Release – Parents for Students Under 18**

I hereby give my permission, as the parent/legal guardian of \_\_\_\_\_, for the use and reproduction by Universal Audenried Charter Schools of the video footage, photographs, voice recordings, or printed material in which my image, voice, or statements appear. I understand that the use of the participant’s image, voice, or words will be primarily for the following purposes:

- The Teacher Effectiveness Project – videos and teaching guides used and viewed as a learning tool for Mastery and other instructional faculty or school leaders;
- Mastery’s website and marketing materials; and
- Media purposes approved by leadership including, but not limited to, television, newspaper or radio pieces published or produced about Charter Schools.

I hereby waive any right that I may have to inspect or approve the finished video or photographic product that may be used in connection herein.

By signing this media release from, as my **Student’s Parent/Legal Guardian, I hereby assign, transfer, or otherwise convey all rights, titles and interests in and to the video, photographs, or media pieces created**, including without limitation all copyrights and other intellectual property rights therein. There is no time-limit on the validity of this release nor is there any geographic specification of where these materials may be distributed.

In signing this form, I hereby release any and all actions and claims which I, my family members, our heirs, executors or administrators may have against Universal Audenried Charter School, its Board of Trustees and any and each of its members, and UACS, its Board of Trustees and any and each of its members and their employees, representatives, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of words and/or images gathered during this activity.

I warrant that I am at least eighteen (18) years of age and acknowledge that I have thoroughly read and understand this Waiver and Release Form.

Parent/Legal Guardian (please print name) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Student (please print name) \_\_\_\_\_

Student Signature (please print name) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_