

## ENROLLMENT AND EMERGENCY INFORMATION and RELEASES

- PLEASE COMPLETE CAREFULLY -

#2007031 Beginning Band, Huntington Seacliff School, Portable A, Mon/Wed, 2:30-3:30p, beginning 10/3/11

Student Name \_\_\_\_\_ Male  Female   
Last First M.I.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

Mother's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last First M.I. Home Work

Father's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Last First M.I. Home Work

Email Address of Parent (for bulletins, information, upcoming events, etc.) \_\_\_\_\_

### Person to Call if Parents Cannot Be Reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**PLEASE LIST** any medical problems the staff should be aware of including allergies to medications and specific foods

### **Policies**

(1) A responsible adult must see that the child gets to the classroom no sooner than 5 minutes before class. (2) The parent or a responsible adult must pick up the child no later than 15 minutes after a class activity or performance (if after school hours). After this time, parents will be charged \$15 in increments of 15 minutes. Students will be dropped from class if charges are not paid within a reasonable amount of time. (3) Students are responsible for the care and security of their own instruments. (4) REFUND POLICY: For a refund to be issued, you must submit a written request, to the HB Adult School no later than three working days prior to the class start date, unless an earlier date is specified in the class description (some classes must have guaranteed enrollment to be held). A \$20.00 processing fee will be retained for all refunds except for classes canceled by the Adult School. (5) Students must abide by all rules and standards of conduct established by the instructor(s) and assistants(s) for this class in order to maintain their enrollment.

### **Release & Medical Consent**

I grant approval for my student (name) \_\_\_\_\_ to participate in the above class/program. As stated in California Education Code Section 35330, I agree to hold defend, indemnify and hold harmless the Huntington Union High School District ("District"), its Board of Trustees, District Officers, Agents and Employees, individually and collectively, from and against all costs, claims, actions and judgments arising from or in connection with personal injuries, property damage or otherwise caused that may arise from or be alleged to arise from the aforementioned student's participation in the **fee-based music class**. I further acknowledge that the District does not provide for medical insurance coverage for students and, therefore, I am responsible for any and all medical expenses that may arise from participation in this activity. Consent is hereby given to HBUHSD/HBAS Community Education instructors, supervisors, and/or assistants to seek or give medical aid as required. In case of emergency, illness, or injury, I consent to medical care including but not limited to x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care as considered necessary in the best judgment of the attending physician.

### **Photography / Adult School Marketing**

I understand that my child's photograph may be taken while my child is participating in the class and the activities of the class for use in promotional materials or news releases.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICIES, AND I GIVE MY RELEASE AND CONSENT.**

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

Parent/Guardian Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

