



CHAMINADE COLLEGE PREPARATORY

STATEMENT OF CONSENT TO PARTICIPATE IN

“THE CHAMINADE EXPERIENCE – 8TH GRADE STEP UP DAY”

NAME OF 8TH GRADE STUDENT _____.

CURRENT SCHOOL_____.

DATE / TIME:_____ Friday, November 4, 2016 – 1:00pm to 3:00pm_____.

Chaminade College Preparatory is hosting “The Chaminade Experience – 8th Grade Step Up Day” on Friday, November 4, 2016 from 1:00pm to 3:00pm for prospective 9th grade students. This is an opportunity for 8th graders to experience campus life as a Chaminade student. They will attend short classes, meet our teachers and students and tour the campus facilities. Participation of 8th grade students in this event is wholly voluntary.

No 8th grade student may participate in this activity without the express written consent of his/her parent. The undersigned parent(s) permit their student to participate in this activity and understand that transportation to and from the event will not be provided by Chaminade College Preparatory. Parents are responsible to transport their 8th grade student to the event and pick up their student up at the conclusion of the event at 3:00pm from the lower campus adjacent to the gym.

I hereby give my permission to Chaminade College Preparatory to render first aid and to obtain medical/surgical care, including hospitalization, for any illness or accident for my child named above. In the event that I cannot be reached in an emergency, I also authorize any hospital emergency department physician or medical staff to make examinations and render medical and/or surgical treatment deemed necessary for the preservation of my child’s health and welfare. I understand that any cost for medical treatment shall be my sole responsibility. The undersigned parent releases Chaminade College Preparatory and its employees, as well as any attending hospital emergency department physician and medical staff from any liability in exercising this authorization.

The undersigned parent assumes all risks in connection with the student's participation in any and all of the above referenced activities and hereby releases and discharges Chaminade College Preparatory, its officers, trustees, 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.

This Agreement shall be binding upon the parent(s) whose signature(s) appears below and their respective assigns, and remain in effect for the benefit of Chaminade College Preparatory and its respective successors and assigns.

This Agreement and the rights and obligations of the parties hereunder shall in all respects be governed by and construed and enforced in accordance with the laws of the State of California.

Signature of Parent or Guardian

PLEASE PRINT Name of Parent or Guardian

Date

Please complete the following information. A parent signature is required where indicated.

Student's Name (Please print)

Home Address

Home Telephone Number

Emergency Number

Parent Work Telephone Number

Emergency Number

Print Parent Name and Email address

Family Doctor

Doctor Telephone Number

Medical Insurance information, including company and policy number

In case you are unable to reach me during any emergency, Chaminade College Preparatory is authorized to contact and, if necessary, release my child to any of the following:

Name

Address

Phone #

Name

Address

Phone #

On the line below, please indicate any condition that Chaminade College Preparatory should be aware of in dealing with your child's health (medications used, allergies, etc).

Parent Signature

Date

***Please email, fax or bring to the High School Admissions Office in advance of the event to:
Yolanda Uramoto, Assistant to Admissions – yuramoto@chaminade.org
7500 Chaminade Avenue, West Hills, CA 91304 - Fax. (818)444-7965***