ANAHEIM UNION HIGH SCHOOL DISTRICT



College and Career Ready

VOLUNTARY ACTIVITY PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

authorize my son/daughter,	to participate in the
(Print Stu	udent Name)
following activity/ies of:	<u> </u>
(Site to insert School's	s Name and Activity Name)
I understand and acknowledge that this serious injury/illness to individual who p	activity, by their very nature, may pose the potential risk of participate in such activities.
_	HSD does not carry dental and/or medical insurance for chool district activities. I understand and acknowledge that oup/private medical insurance.
	cicipation in this activity is completely voluntary and as such is redit or for completion of graduation requirements.
agree to assume liability and responsibil	rder to participate in this activity, my son/daughter and I lity for any and all potential risks, including those unknown, t may be associated with participation in this activity.
	ortance of and agree to follow all rules and regulations that any violation of such rules may result in injury/illness to
employees, officers, agents or volunteer	narmless the Anaheim Union High School District, its Board, its rs for any injury/illness suffered by my son/daughter which is aring for and/or participating in this activity.
I acknowledge that I have carefully read this VOLUN and agree to the terms as stated above.	NTARY ACTIVITY PARTICIPATION FORM and that I understand
Student Signature	Date
Parent/Guardian Signature	Date
Parent/Guardian Phone Number	Parent/Guardian Alternative Phone Number



This completed and signed Form must be on file with the School Office before participating in the activity outlined above.