"Educating for Life with the Mind of Heart of Christ"

1200 E. 14th Street
Douglas, AZ 85607
(Tel) (520) 364-5754
(WhatsApp) (520) 249-9238
jcastillo@lorettoschool.org
bfimbres@lorettoschool.org

Loretto Catholic School
Tuition and Fees
2025-2026

Annual Tuition per student/ Colegiatura anual por cada estudiante: $7,800.00
(Without Scholarship assistance/Sin asistencia de becas)

Monthly Tuition per student/Colegiatura al mes por estudiante: $780.00
(Without Scholarship assistance/Sin asistencia de becas)

***** Please ask if you would like to set up an appointment with our Scholarship Adviser to learn more information. Por favor, pregunte si desea una cita con nuestro asesor de becas para obtener más información.*****

Tuition Deposit Payment/ Pago de Inscripcion: $100.00 per year
(per child/por estudiante) (Non-Refundable/No-Retornable)

Fundraiser fee / Recaudar Fondos: $300.00 per year (per family/por familia)

SERVICE HOURS per Family/Horas de Servicio por Familia

Single/Family: 25 hours/horas *OR* $15.00 per hour quota/cada hora ($375.00 total
Cross Guard: 2 Cross guard/ 2 cruzero or $40.00 per school year/cada año

Documents Needed to enroll:

Birth Certificate (Certificado de nacimiento)___
Communion (Comuníon)___
Immunization Records (Vacunas)___
School Records (Archivos Escolares) ___

Baptism (Bautismo)___
Confirmation (Confirmacíon)__
Physical Form (FormaFisica)__

Sign: _____ **Date:** _____

Loreto Catholic School Registration Form 2023-2024

(PLEASE PRINT/*LETRA DE MOLDE POR FAVOR*)

Student Information/ *Información del Estudiante*

Student Last Name/*Apellido*	First Name/*Nombre*	Middle/*Segundo*	Gender/*Genero* ☐M ☐F	Date of Birth/*Fecha de Nacimiento*

Age/*Edad*	Grade/*Grado*	Place of Birth/*Lugar de Nacimiento*	Does child have sibling(s) enrolled here? ☐ Yes/*Si* ☐ No *Su hijo(a) tiene un(a) hermano(a) en esta escuela?* ☐ Yes/*Si* ☐ No

Sibling's name/Grade/*Nombre de Hermano/Grado*	Sibling's name/Grade/*Nombre de Hermano/Grado*	Sibling's name/Grade/*Nombre de Hermano/Grado*	Sibling's name/Grade/*Nombre de Hermano/Grado*

Ethnicity/*Ethnicidad*	Current Street Address/*Domicilo*	City, State, /*Ciudad, Estado*	Zip Code/Código postal	Religion/*Religión*

Parish, City/Parroquia, Ciudad	Previous School Attended, City, State/*Ultima escuela a la que asistió, Ciudad, Estado*	U.S. Citizen/Ciudadano(a) de E.U. ☐ Yes/*Si* ☐ No

Email Address:	Does your child require any special medical, physical , education needs? Yes or No *Su hijo(a) requiere atencion especial fisica , médica, o de educación? Si o No*
If so, please explain/*Si es "Si", por favor explique.*	Who does child reside with/*Con quien vive su hijo(a)?*

Parent or Legal Guardian Information/ *Información de Padres o Tutor Legal*

Last Name/*Apellido*	First Name, Middle/*Nombre*	Relationship/Relación	U.S. Citizen/Ciudadano(a) de E.U. ☐ Yes/*Si* ☐ No

Primary Telephone Number/*Teléfono Primario*	Alternate Tel Number/*Teléfono Alternativo*	Employer/Phone Number *Empleador/Teléfono*

Last Name/*Apellido*	First Name, Middle/*Nombre*	Relationship/Relación	U.S. Citizen/Ciudadano(a) de E.U. ☐ Yes/*Si* ☐ No

Primary Telephone Number/*Teléfono Primario*	Alternate Tel Number/*Teléfono Alternativo*	Employer/Phone Number *Trabajo/Teléfono*

Emergency Information/Child Pick-up

Loretto Catholic School continues to look out for the safety of it's students.
Please list ALL individuals in which you have granted permission to remove your child from this institution.

Oldest Child's Last Name *pellido de hijo(a) mas mayor*	First Name *Nombre*	Date of Birth *Fecha de Nacimiento*	Grade *Grado*
Siblings Last Name *Apellido de hijo(a)*	First Name *Nombre*	Date of Birth *Fecha de Nacimiento*	Grade *Grado*
Siblings Last Name *Apellido de hijo(a)*	First Name *Nombre*	Date of Birth *Fecha de Nacimiento*	Grade *Grado*
Siblings Last Name *Apellido de hijo(a)*	First Name *Nombre*	Date of Birth *Fecha de Nacimiento*	Grade *Grado*

I hereby authorize the following individual (s) to pick up my child (ren) in the event of my absence or in case of emergency/*Por la presente autorizo a la siguiente persona (s) a recoger a mi hija (a) en el caso de mi ausencia, o en caso de emergencia*

Name/*Nombre*	Relation/*Relación*	Primary Phone/# de *Teléfono*	Alt Phone/*Teléfono* Alt
Name/*Nombre*	Relation/*Relación*	Primary Phone/# de *Teléfono*	Alt Phone/ *Teléfono*Alt
Name/*Nombre*	Relation/*Relación*	Primary Phone/# de *Teléfono*	Alt Phone/ *Teléfono*Alt
Name/*Nombre*	Relation/*Relación*	Primary Phone/# de *Teléfono*	Alt Phone/*Teléfono*Alt

The following individual(s) may **NOT** remove my child from the center/*La siguiente persona (s)* ***NO*** *puede sacar al niño del centro:*

Name/*Nombre* _____ Name/*Nombre*

PLEASE PROVIDE OUR OFFICE WITH COPIES OF CUSTODY PAPERS SHOULD IT APPLY TO STUDENT(S)
FAVOR DE PROPORCIONAR NUESTRA OFICINA CON COPIAS DE DOCUMENTOS DE CUSTODIA DEBE APLICAR AL ESTUDIANTE

Print Name of Parent/Legal Guardian _____ Signature/*Firma* _____ Date/*Fecha*
Nombre de Padre or Tutor Legal (Letra de Molde)

Educating our students on becoming Active Catholic Christians, Effective Communicators, Life-Long Learners, Self Respecting, and Responsible Citizens.

Health History and Immunization Card
Historia de Salud y Tarjeta de Vacunación

Child's Name/Nombre de hijo(a)	Date of Birth/Fecha de Nacimiento	Age/Edad	Gender/Genero M F

Street Address/Domicilio	City/Ciudad	State/Estado	Zip Code	Primary Phone/Teléfono Primario	Alt Phone/Teléfono Alt

Mother or Guardian Name/Nombre de Madre or Tutor Legal	Home Address(#, Street, City, State, Zip Code) *If different from above* Dirección de Casa(Domicilio, Ciudad, Estado) *Si es diferente del anterior*

Primary Telephone Number/Teléfono Primario		Alt Phone/Teléfono Alternativo	
	Cell ☐ Home/Casa ☐ Work/Trabajo ☐		Cell ☐ Home/Casa ☐ Work/Trabajo ☐

Father or Guardian Name/Nombre de Padre or Tutor Legal	Home Address(#, Street, City, State, Zip Code) *If different from above* Dirección de Casa(Domicilio, Ciudad, Estado) *Si es diferente del anterior*

Primary Telephone Number/Teléfono Primario		Alt Phone/Teléfono Alternativo	
	Cell ☐ Home/Casa ☐ Work/Trabajo ☐		Cell ☐ Home/Casa ☐ Work/Trabajo ☐

*IF MEDICAL CARE IS NECESSARY, CALL:/SI LA ATENCION MEDICA ES NECESARIA, LLAME: *

Health Care Provider/ Proveedor de atención médica	Name/Nombre	Telephone Number/Numero de teléfono

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

Yo doy autoridad a cualquier hospital o médico para prestar ayuda inmediata como era necesario en el momento de su su / salud y seguridad. Entiendo que el costo de este servicio es mi responsabilidad.

In case of injury or sudden illness, I request that this individual be called first/En caso de lesión o enfermedad repentina, solicito que este individuo se llama primero:	Name/Nombre	Relation/Relación

Does your child have insurance coverage/ Su hijo(a) tiene seguro de salud? Yes/Si ☐ No ☐

Name of Insurance Company/Nombre de seguro de salud: _____

Medical Information

Is child allergic to food or other substances? Su hijo(a) es alérgico a los alimentos u otras sustancias? Yes/Si No
If yes, name foods or substances to be avoided, describe symptoms, and the procedure to follow if reaction occurs:
Si es asi, nombre de alimentos o sustancias que se deben evitar, los síntomas, el procedimiento a seguir, si se produce reacción:

Continued on next page.....
Continúa en la página siguiente.....

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Health History and Immunization Card
Historia de Salud y Tarjeta de Vacunación

Is child usually susceptible to infections and if so, what precautions need to be taken? ¿El niño(a) es generalmente susceptible a las infecciones y si es así, qué precauciones hay que tomar? Yes/Si No
Is child subject to convulsions and what should be our procedure if one occurs? ¿Si niño es sujeto a convulsiones, cuál debería ser nuestro procedimiento si se produce? Yes/Si No
Is child subject to convulsions and what should be our procedure if one occurs? ¿Si niño es sujeto a convulsiones, cuál debería ser nuestro procedimiento si se produce? Yes/Si No
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problems, hearing impairment, hernia, etc..) ¿Hay alguna condición física que debe tener en cuenta y qué precauciones se deben tomar(problemas del corazón, problemas en los pies, problemas de audición, hernia, etc.) Yes/Si No
Additional comments/Comentarios adicionales:
Other specific instructions/Otras instrucciones específicas:

One of these items must accompany your child's Medical History/Immunization Form at all times/Uno de estos elementos debe acompañar a su hijo Historial Médico / Formulario de Vacunación en todo momento:

I have attached one of the following:/He adjuntado una de las siguientes;
Copy of current official documented immunization record/Copia del acta de vacunación actual documentado
Religious Beliefs exemption form signed by parent/guardian/ Creencias Religiosas formulario de exención firmada por el padre / tutor
Medical Exemption form signed by physician and parent/guardian/ Formulario de exención médica firmada por el médico y el padre / tutor
Signed laboratory Proof of Immunity form/ Firmado laboratorio formulario de Prueba de Inmunidad

I certify that this Medical History and Immunization Record Card is accurate and complete:
Yo certifico que esta Historia de la Medicina y la Tarjeta de Registro de Inmunización es exacta y completa:

Parent or Guardian PRINTED Name/Nombre de Padre o Tutor Legal (Letra de Molde)	Signature/Firma:	DATE/FECHA:

DIOCESE OF TUCSON CATHOLIC SCHOOLS

Physical Examination Form

THIS SECTION TO BE COMPLETED BY MEDICAL CARE PROVIDER

Student's Name _____ Gender ____ Gr ____ DOB _____

Father's Name _____ Mother's Name _____

Physical Examination:

Known Allergies: _____

Height: _____ inches Weight: _____ pounds BP: _____ / _____ Hearing: R _____ L _____

Vision: Uncorrected: B: 20/____ R: 20/____ L: 20/____; Corrected: B: 20/____ R: 20/____ L: 20/____

Eyes _____ Heart _____ Skin _____

Ears _____ Lungs _____ Spine/Neck _____

Nose _____ Abdomen _____ Scoliosis: Neg:____ Pos:____

Teeth _____ Hernia _____ Posture _____

Throat _____ Nervous Sys. _____ Orthopedic _____

Glands _____ Nutrition _____ Genitalia _____

Other (specify) _____

Urinalysis: (if indicated) _____

Hgb: (if indicated) _____

Cocci: Date: _____ Result: _____

TB: Date: _____ Result: _____

Immunizations Given Today:

_____

_____

_____

Please provide a copy of the updated immunization record.

Is this student currently receiving any medications? YES / NO If yes, list meds: _____

_____

Does this student have any physical conditions or other restrictions which will limit his/her involvement in a regular school program or school activities? YES / NO If yes, please explain:

_____

I certify that I have on this date examined the above-named student and I have found no medical reason to disqualify him/her from participating in all supervised physical education activities and athletics, with the exception of:

_____

Medical Provider's comments and/or recommendations: _____

_____

_____ MD DO PA NP

Medical Provider's Name (printed)

_____ _____ _____

Medical Provider's Signature Date Phone #

-over-

Roman Catholic
Diocese
of
Tucson

Name of School
School Health Services
Emergency Medication Consent Form
(Albuterol Administration)

Parent's Consent Form for Giving Albuterol in an Emergency

Name of Child _____

Parent/ Guardian's Name _____ **Relationship** _____

Best Contact Number _____

This consent is for the administration of albuterol in the case of an asthma exacerbation (or respirato distress) for symptomatic children who do not have a prescription for albuterol.

Possible Symptoms:

Albuterol may be given for Asthma Exacerbation which includes one or more of the following:

- Coughing, wheezing, noisy breathing or decreased breath sounds, or whistling in the chest
- Difficult breathing, tightness in chest, shortness of breath, or chest pain
- Complaints of discomfort when breathing
- Shallow breathing, breathing hard and fast
- Nasal flaring (front part of nose opens wide to get in more air)
- Can only speak in short sentences or not able to speak
- Blueness around the lips or fingernails
- Chest retractions, use of accessory muscles
- Fast pulse

It will be given as set out in the attached School Health Services Policy Procedure for Giving Albuterol in an Emergency

There are complications involved with this treatment including nervousness, shaking (tremor), headache, dizziness, mouth/throat dryness or irritation, sore throat, cough, nausea, vomiting, dizziness, sleep problems (insomnia), hoarseness, runny or stuffy nose, muscle pain, or diarrhea.

- ☐ **I give my consent to administer Albuterol.**
- ☐ **I do not give my consent to administer Albuterol.**
- ☐ **My child already has a consent form on file and Albuterol at school.**

_____ _____

Parent/ Guardian Signature Date

_____ _____

Teacher Grade/ Room #

Roman Catholic
Diocese
of
Tucson

Name of School
School Health Services
Emergency Medication Consent Form
(Epinephrine Administration)

Parent's consent form for giving Epinephrine in an emergency

Name of Child _____

Parent/ Guardian's Name _____ **Relationship** _____

Best Contact Number _____

This consent is for the administration of Epinephrine for symptomatic children who do not have prescribed Epinephrine.

Anaphylaxis: A life-threatening allergic reaction. In the most extreme case, the airway is blocked because of swelling around the voice box and because of a spasm of the windpipe and air passages of the lung. There may also be rapid and dramatic drops in blood pressure (circulatory collapse) leading to the loss of consciousness and/or shock. The faster the beginning of symptoms, the more severe the reaction. Symptoms of anaphylaxis vary, but those involving the skin (hives, itching, skin redness) are most common. A majority of cases also involve swelling of the lips and tongue as well as of the airways (tightness in the throat, shortness of breath). Anaphylaxis may also involve the gastrointestinal system (nausea, stomach pain, vomiting, diarrhea, coughing), the cardiovascular system (fast heartbeat, chest pain, low blood pressure) or th central nervous system (headache, confusion). This reaction can be potentially triggered by:

- Insect venom: honeybee, wasp, hornet, yellow jacket; ants, deer flies, black flies, kissing bugs, etc.
- Drugs: penicillin and other antibiotics; local anesthetics like lidocaine, Novocain; pain medications such as aspirin; hormones such as insulin.
- Foods: egg white, milk, shellfish and other seafood, nuts and peanuts.
- Inhalants: pollens and strong odors, glue, typewriter whiteout, gasoline, etc.

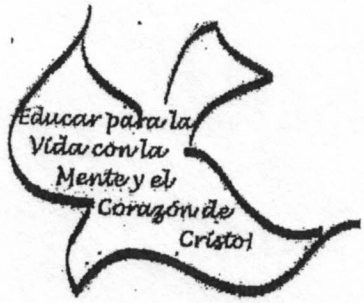
☐ **I give my consent to administer Epinephrine.**

☐ **I do not give my consent to administer Epinephrine.**

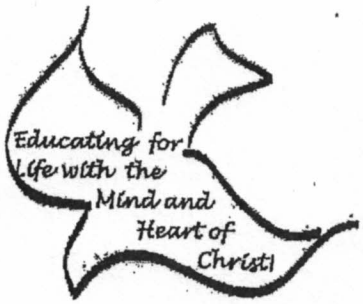
☐ **My child already has a consent form on file and Epinephrine at school.**

_____ _____
Parent/ Guardian Signature Date

_____ _____
Teacher Grade/ Room #



Parental Consent for Usage of Child's Photo



Loretto Catholic School now has a web page www.lorettoschool.org. We would like to use that page to not only promote Loretto Catholic School but to also highlight our students as much as possible. To highlight our children, we need your permission to use your child's picture and/or projects in our yearbook, newspaper, school newsletter, parish bulletin and on our Loretto Catholic School web page, etc. If your child's picture is used in our newsletter, newspaper, and or web page, only their first name and grade will be printed. If your child's picture is used in our parish bulletin or Diocesan Newspaper, only their first and last name will be used.

La Escuela de Loretto tiene ahora una página web www.lorettoschool.org . Nos gustaría utilizar esa página, no sólo para promover nuestra escuela, pero también para poner de promover nuestros estudiantes tanto como sea posible. Para resaltar nuestros hijos, necesitamos su permiso para usar la imagen de su hijo (a) y / o proyectos en nuestro anuario, boletín periódico de la escuela, parroquia boletín y en nuestro página web, etc. Si la imagen de su hijo es utilizado en nuestro boletín de noticias, periódico, y/o página web, sólo su nombre de pila y el grado se imprimirá. Si la imagen de su hijo se utiliza en nuestro boletín parroquial o periódico diocesano, sólo su nombre y apellido se usará

This permission form will remain in effect until the named child leaves Loretto Catholic School and/or parent or legal guardian requests in writing otherwise.

Este permiso se mantendrá vigente hasta que el niño nombrado deja Loretto Escuela Católica y / o el padre o tutor legal solicita por escrito de otra manera

_____ I give Loretto Catholic School permission to use my child's picture and name as indicated above
Yo doy permiso Loretto Escuela Católica a utilizar la foto de mi hijo y el nombre como se ha indicado anteriormente

_____ I do NOT give Loretto Catholic School permission to use my child's picture and name as indicated above
Yo NO doy permiso Loretto Escuela Católica a utilizar la foto de mi hijo y el nombre como se ha indicado anteriormente

Print Child's Name/*Nombre de estudiante*: _____

Grade/*Grado*: _____

Parent/Legal Guardian's Signature/*Firma de Padre o Tutor Legal*: _____

Date/*Fecha*: _____

Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. **What language do people speak in the home *most* of the time?**

   _____

2. **What language does the student speak *most* of the time?**

   _____

3. **What language did the student *first* speak or understand?**

   _____

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter_____

School_____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)

Affidavit of Intent

Child's Last Name _____ First _____ Middle _____ Date of Birth _____ Sex: M_____ F _____ Grade _____

The above named child is attending: (check one) _____ home school **OR** _____ a regularly organized private school.

For Office Use Only:

Name of person who has custody of the child _____ Private school child is attending _____

Street address of the person who has custody of the child _____ Private school address _____

City _____ AZ _____ Zip

Mailing address (if different from above) _____ AZ _____ Zip

Daytime telephone number(s) _____ Local Public School District _____

Email Address: _____

Home School parents:

I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age shall be filed with this Affidavit. (ARS §15-828.3.B).
I understand that testing of children who are instructed in a home school program is not required. (ARS §15--745.A).
I understand that a child who re-enrolls in a public school after receiving instruction in a home school program shall be tested in order to determine the appropriate grade level of the child. (ARS §15-745)

For Private School/Home School Parents:

I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated. I understand the child must be instructed in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school or home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (ARS §15-802, subsection C).

NOTE: After signing and notarizing this form, return the original to the address below. Keep a copy for your records.

Cochise County School Superintendent
4001 E. Foothills Drive, Ste. A
Sierra Vista, AZ 85635

_____
Signature of person who has custody of the child

State of _____ County of _____

SUBSCRIBED AND SWORN before me this

_____ day of _____, 20_____

by _____
Notary Public

Revised 7/09

Notary Seal

Loretto Catholic School

Educating for Life with the Mind and Heart of Christ

Release, Waiver of Liability, and Indemnity Agreement

For Communicable Diseases Including COVID-19

In consideration of permission to voluntarily participate on behalf of Loretto Catholic School in its [program] and related events and activities, the **Undersigned acknowledges and affirms on behalf of myself, and on behalf of all of my participating children, that:**

- Neither I nor my participating children shall participate in or attend any [program] events, and gatherings if experiencing symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or have a suspected or diagnosed case of COVID-19.
- To the fullest extent allowed by law, I and my participating children agree to comply with all federal, state, and local laws, rules, regulations, executive and/or emergency orders, and to follow the protocols as directed by the Centers for Disease Control and Prevention and the Arizona Department of Health Services, arising from, addressing, or related to COVID-19 or any other communicable diseases.
- I and my participating children acknowledge that [School] has taken steps to implement federal and state guidance for protecting against the spreading of COVID-19 and other communicable diseases. Due to the nature of the [program], I and my participating children acknowledge that physical distancing of six feet may not be possible at all times. We further acknowledge that participation in this program potentially adds to the number of social contacts I and/or my children may be exposed to in addition to my child(ren)s regular classroom cohort of students. I and my participating children fully understand and appreciate both the known and potential dangers of participating in [program] and acknowledge that despite the efforts of [School] to prevent and mitigate such dangers, participating in [program] may result in exposure to COVID-19 and other communicable diseases, which could result in quarantine, serious illness, disability and/or death.

Release and Waiver of Liability. I and my participating children hereby release, waive, discharge and covenant not to sue [School], its officers, employees, volunteers, and any of its agents from all liability to the Undersigned and my participating children and all personal representatives, assigns, heirs, and/or successors of the Undersigned and my participating children whether caused by negligence, active or passive, of [School] or otherwise while the Undersigned or my participating children are attending any [program] events, and gatherings on behalf of [School].

Indemnity. The Undersigned agrees to indemnify and hold harmless [School] from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of participation or attendance of the Undersigned and/or my participating children in the [program] and related events and activities of [School] and to reimburse [School] for any such expenses incurred.

Severability: The Undersigned further expressly agrees that the foregoing Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Arizona and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Loretto Catholic School

Educating for Life with the Mind and Heart of Christ

The Undersigned has read the foregoing Release, Waiver of Liability, and Indemnity Agreement and requests that his or her participating children as named below be given permission to voluntarily participate on behalf of [School] in its [program] and related events and activities.

BY SIGNING BELOW, THE UNDERSIGNED ACKNOWLEDGES THAT I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE [SCHOOL], ITS OFFICERS, EMPLOYEES, VOLUNTEERS, AND ANY OF ITS AGENTS.

Printed Name of parent/guardian: _____ Date signed:_____

Parent/guardian signature: _____

Names of Participating Children: _____

_____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for the participating children named above, have read and explained the provisions in this waiver/release to my participating children/wards, including the risks of presence and participation in athletic programs, practices and related events and activities, and their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my participating children/wards understand and accept these risks and responsibilities. I for myself, my spouse, and my participating children/wards do consent and agree to the release provided above and hereby do release and agree to indemnify and hold harmless [School], its officers, employees, volunteers, and any of its agents for any and all liabilities incident to the presence or participation of my above-named children/wards in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent/guardian signature:_____

Date signed: _____