## HASSAYAMPA ELEMENTARY

# PRESCHOOL

#### 195 EAST COCONINO STREET WICKENBURG, AZ 85390 (928) 684-6750 • (928) 684-6791 FAX www.wickenburgschools.org/HES

#### **APPLICATION FORM**

### **Please Print:**

Child's Nai	me:			
	Last		First	M.I.
Age	Date of Birth	Sex	Home Phone:	
Email:				
Address: _		City:		Zip:
Father/Guardian's name: Day phone number:				
Mother/Guardian's name:		[	Day phone number:	
In the eve	ent of an emergency, plea	se contact the followi	ng if mother and father ca	annot be reached:
Name		Relation	Phone #	
Name		Relation	Phone #	
List any all	ergies (food, medication, et	c.)		

Please list any special needs or accommodations that your child requires:

I/we hereby release and forever discharge Hassayampa Elementary School, part of Wickenburg Unified School District, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees, and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation in this program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the court of this program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damage, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for me and my child to be videotaped or photographed by staff employees to be used at the site for activities and for any program advertisements for the school. This waiver does not extend to any such claim or liability that is caused by the sole and exclusively intentional acts or gross negligence of the school or its officers, employees, or agents.

Parent/Guardian Signature

Date