



## YAVAPAI ACCOMMODATION SCHOOL DISTRICT #99

*Success... Nothing Less*

**Kellie Burns**  
**District Executive Officer**  
2972 Centerpointe East Dr.  
Prescott, AZ 86301

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2016/17

Dear Enrolling Guardian,

Enclosed you will find our Yavapai County High School, Aspire High School and Transition Program enrollment packet. Please fill out, with all the current information. Please have your student sign the sections requested before you turn in the packet. If you are re-enrolling, make sure to ask for the re-enrollment packet it, as it will save you time.

New students will need to provide the following:

- Birth Certificate
- Immunization Records
- Proof of Residency (*parent driver's license, bill with address*)
- Transcripts
- \$1 Field Trip Fee

Forms need to be returned to the District Office at the address above. Be sure and check that all forms are completed and signed by all parties. Student will be enrolled after all forms are complete and the school has set recommended class schedule.

Karen McClellan  
Registrar

Kellie Burns  
District Executive Officer

Allison Lawrence  
Business Manager



**YAVAPAI ACCOMMODATION SCHOOL DISTRICT**

Student Registration 2016/17

School/Session Preferred:  Aspire High  AM  
 Transition Program  Yavapai County HS  AM  PM

**Student Information**

Name: \_\_\_\_\_  Male  Female Grade: \_\_\_\_\_  
Legal Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Birth: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student Email Address: \_\_\_\_\_

Ethnicity:  is Hispanic or Latino (check if applicable)

Race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

**Student Lives with:**  Mother  Step- Mother  Guardian  Foster Parent  Self  
 Father  Step-Father  Guardian  Foster Parent  Other

**Parent or Legal Guardian Information**

Parent /Guardian 1  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent /Guardian 2  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Education:** Has the student attended here before?  yes  no Siblings ever attend here?  yes  no  
 Last School Attended: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Has your student had Special Education Services:  yes  no Primary Language: \_\_\_\_\_  
 Has the student attended on-line school this year?  yes  no Is your student on probation?  yes  no  
 Has student been Suspended or Expelled  yes  no, If Yes, Dates: \_\_\_\_\_

**Signature of Parent/Guardian:** X \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Gr: \_\_\_\_\_ Entry Code: \_\_\_\_\_ SAIS # \_\_\_\_\_ ID# \_\_\_\_\_ Entered: \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ Location:  Aspire / YCHS  AM  PM /  Transition Entered By: \_\_\_\_\_  
 Residency: \_\_\_\_\_ Birth Cert: \_\_\_\_\_ Immunization: \_\_\_\_\_ Transcripts: \_\_\_\_\_  
 Re-Enrollment Start Dates: \_\_\_\_\_



**YAVAPAI ACCOMMODATION SCHOOL DISTRICT  
Student Emergency/Medical Information**



NAME OF STUDENT: \_\_\_\_\_ Other Name Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Parent/Guardian Custody	
If student lives with other than parent explain: _____	Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Contacts other than Parent:** Allowed to pick up student and assume responsibility in emergencies (must be over 18)

1	NAME: _____	RELATIONSHIP TO STUDENT: _____
	MAIN PHONE: _____	OTHER PHONE: _____
2	NAME: _____	RELATIONSHIP TO STUDENT: _____
	MAIN PHONE: _____	OTHER PHONE: _____
3	NAME: _____	RELATIONSHIP TO STUDENT: _____
	MAIN PHONE: _____	OTHER PHONE: _____
Family Doctor: _____ Phone: _____		Dentist: _____ Phone: _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for YASD to secure emergency medical treatment for my child as needed. <i>Every effort will be made to contact the parent or guardian as soon as possible.</i>
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for my child to be transported to the nearest emergency medical facility by whatever means necessary to secure further emergency care as determined by the school district.
<input type="checkbox"/>	<input type="checkbox"/>	I give consent for treatment deemed necessary for my child by my family physician or physician rendering services at a medical facility to which my child has been transported for emergency treatment.

**\*\* NOTE:** At no time will any medication be carried by the students with the only exceptions being asthma inhalers or epi-pens per A.R.S. 15-344. This includes medications that are over the counter or prescribed. Necessary medications, with written instructions must be turned in to the office by parent/guardian along with permission form. (Forms may be picked up in office.)

Please indicate in the space below any allergy or medical condition which may affect the treatment of your child.

Medical Problems:
Allergies to medication or other allergies:
<p>Please check YES or NO to your student having the following medication:</p> <p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No Acetaminophen (Tylenol)                <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen (Advil/Motrin)                <input type="checkbox"/> Yes <input type="checkbox"/> No Cough Drops         </p> <p align="center"><small>By signing below I authorize the School Nurse or designee to be my agent and to give the above student the checked medication according to package directions as deemed necessary.</small></p>

Does your child have any of the following? Please check (✓) YES or NO.

Vision Problems	Yes____	No____	Wear Glasses or Contacts	Yes____	No____
ADD/ADHD	Yes____	No____	Taking Medication	Yes____	No____
Asthma	Yes____	No____	Carry an Inhaler	Yes____	No____
Diabetic	Yes____	No____	Hearing Problems	Yes____	No____
Comments or activity limitations:					

This information to be shared with staff/emergency workers should it become medically or academically necessary.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YAVAPAI ACCOMMODATION SCHOOL DISTRICT #99  
DESIGNATION OF DIRECTORY INFORMATION**

During the school year, school district staff members may compile the non-confidential student directory information specified on this document.

According to state and federal law, with the permission of the school district governing board the below-designated directory information may be publicly released to **educational, occupational, or military recruiting representatives** *without your permission* for the purpose of informing students of educational and occupational opportunities available to them. This release of information will be made available to the above types of organizations unless the parent or guardian requests in writing the school district refrain from releasing the student's information without prior written consent.

If you do **NOT** want any or all of the below-designated information about your son-daughter to be released to any person or organization without your written consent, this form, signed by the parent or guardian with any or all of the boxes below checked and returned to the office, serves as notification to the school district. Mark the areas that you, wish not to be given out.

\_\_\_\_\_  
Please Print Student's Name

\_\_\_\_\_  
Date of Birth

**DIRECTORY INFORMATION: CHECKED  BELOW** will not be released for above named student to any person or organization without my prior written consent: (Colleges, Military, Trade Schools)

- |  |  |
|--|--|
| <input type="checkbox"/> Student's Name                    | <input type="checkbox"/> Student's Phone Number        |
| <input type="checkbox"/> Student's Address                 | <input type="checkbox"/> Student's Dates of Attendance |
| <input type="checkbox"/> Student's Date and Place of Birth | <input type="checkbox"/> Student's Grade Level         |
| <input type="checkbox"/> Prior School Attended             |  |

**PUBLICATIONS PERMISSION** (Yearbook, Publications, School Website, Press Release, Newsletters, Etc.)

**NO** I/We do not give permission for this student's name and/or photo to be published or used for school related events, such as yearbook, school website, press releases, ect...

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Library Card Requirement; Please read and comply

**LIBRARY CARD NOTICE**

Yavapai Accommodation School District is **requiring** all students to acquire a Yavapai County Library Card. Students along with a parent or guardian may apply at any Public Library in Yavapai County for **FREE**. You must provide an ID and proof of address to apply. Students under 18 years of age must have a parent accompany their students.

  X    
Signature Parent/Guardian/Student (if over 18 yrs.)

\_\_\_\_\_  
Date



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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

In SAIS, please indicate the student's home or primary language.

# Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2017 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

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

Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

**ESEA Eligibility Guidelines**  
**Effective from July 1, 2016 to June 30, 2017**

	Indicator 1					Indicator 2				
Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$15,444	\$1,287	\$644	\$594	\$297	\$21,978	\$1,832	\$916	\$846	\$423
2	\$20,826	\$1,736	\$868	\$801	\$401	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$26,208	\$2,184	\$1,092	\$1,008	\$504	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$31,590	\$2,633	\$1,317	\$1,215	\$908	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$36,972	\$3,081	\$1,541	\$1,422	\$711	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$42,354	\$3,530	\$1,765	\$1,629	\$815	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$47,749	\$3,980	\$1,990	\$1,837	\$919	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For Each Add'l Household Member Add	\$5,408	\$451	\$226	\$208	\$104	\$7,696	\$642	\$321	\$296	\$148



# Yavapai Accommodations School District

## If your student drives: APPLICATION TO DRIVE VEHICLE ON SCHOOL PROPERTY 2016/2017

- ◆ Student's **valid Arizona driver's license, proof of insurance and registration** must be attached to this form, signed by a parent or guardian and validated in office before parking is permitted on campus.
- ◆ Students who park in the YCHS parking lot must park their cars on the east end of the parking lot.
- ◆ Speed limit in the parking lot is **5 MPH (no faster than a slow walk)**. Students are not to sit in or loiter around vehicles in the parking lot before, during or after school is dismissed.
- ◆ Any violation of the Arizona Vehicle Code while on campus may terminate the student's right to bring a vehicle on campus.
- ◆ Students will not access vehicles during classes or at break times without permission of school personnel.
- ◆ Yavapai County High School or Aspire will not be responsible for any valuables left in vehicles.
- ◆ Parking is a privilege and may be revoked by the administration for any violation of rules. Please see your Student-Parent Handbook for more information regarding student drivers.

**Printed Name of Student Driver** \_\_\_\_\_

I hereby authorize my son/daughter to drive to and from school and verify the information submitted as required by Yavapai County High School and Aspire is accurate to the best of my knowledge.

I also understand that if it is determined the YCHS and Aspire driving policy has been abused, the student's parking privilege on our school property will be revoked by school administration.

In connection with this privilege, I consent to the unlocking, opening, and inspecting of the automobile and its contents while on school premises, based on the reasonable suspicion of a school administrator, or designee, that the vehicle or its contents may violate law or school rules.

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

Student Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Year	Make	Model	Color
OFFICE USE ONLY			
<input type="checkbox"/>	<b>Copy of Student's Arizona Driver's License</b>	<b>Expiration Date</b> _____	
<input type="checkbox"/>	<b>Copy of Student's Vehicle Insurance</b>	<b>Expiration Date</b> _____/_____/_____	
<input type="checkbox"/>	<b>Copy of Vehicle Registration</b>	<b>Expiration Date</b> _____/_____/_____	
<b>Parking Permit(s) (if any)</b> # _____ # _____ # _____			









## YAVAPAI ACCOMMODATION SCHOOL DISTRICT #99

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**Kellie Burns**  
**District Executive Officer**  
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### Use of Technology Resources in Instruction *User Agreement*

Details of the user agreement can be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

#### Terms and Conditions

Acceptable use, each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal numbers or personally identifiable data unless authorized by school authorities.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware, nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the EIS and appropriate disciplinary action up to an including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

*Personal responsibility:* I will report any misuse of the EIS to the administration or system administrator, as is appropriated. I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without District authorization.

Network Etiquette: I am expected to abide by the generally acceptable rules of network etiquette

I will:

- Be polite and use appropriate language. I will not send, or encourage others to send, abusive messages.
- Respect privacy. I won't reveal any home addresses or personal phone numbers or personally identifiable information.
- Avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.
- Observe the following considerations:
  - Be brief, Strive to use correct spelling and make messages easy to understand, Use short and descriptive titles for articles, Post only to known groups or persons.

Services:

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the EIS is used and bears the risk of reliance on the information obtained.

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**Student:**

I have read and agree to abide by the District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicted. I understand that any violations of the attached terms and conditions may result in disciplinary actions and the revocation of my use of EIS.

I also acknowledge by signing this contract that I will be issued a computer for use. I also acknowledge that I am responsible for this computer in its entirety. As the issued student, you will be responsible for the computer while in your care, do not let others barrow, use, or play with your issued computer, as you are responsible for it. If the computer gets broken or there are any damages to this computer in any way, I agree to pay for the replacement of this computer or pay for the cost of repairs for said computer, which the District's computer technicians deems necessary.

**Parent/Guardian:**

I had read this agreement and understand it. I understand that it is impossible for the District to restrict access to all controversial materials, and I/we will not hold the District responsible for materials acquired by use of EIS. I/We also agree to report any misuse of the EIS to the District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues describe in the agreement).

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the ESI. I also acknowledge by signing this contract that my student will be issued a computer for use while at school. I also acknowledge that **I am responsible for this computer in its entirety**. If the computer gets broken or there are any damages to this computer in any way, I agree to pay for the replacement of this computer or pay for the cost of repairs for said computer, which the District's computer technicians deems necessary.

I, as guardian of the above student, also agree to this contract:

I, as guardian of the above student, also agree to this contract:

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Student Name

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Yavapai Accommodations School District Student Planning/Declaration

**To be complete by the student:** I will need 22 credits to graduate. I currently have \_\_\_\_\_ credits on my transcript.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  Aspire  YCHS  Synergy

Reason Attending Here: \_\_\_\_\_

**PLEASE CHECK ALL THE STATES THAT BEST DESCRIBE HOW YOU FEEL ABOUT SCHOOL RIGHT NOW:**

I LOVE school and I want to go to Aspire/YCH so I can graduate early.

I want to go to Aspire/YCH because it offers me different options.

I want to be at Aspire/YCH because: \_\_\_\_\_

I like school, but only because I have to be, but I don't want to be.

I don't want to be here, I'd rather be: \_\_\_\_\_

I don't care whether I'm here or not.

I never liked school because it's too hard to understand.

I think going to school is STUPID!

I HATE it because: \_\_\_\_\_

I DON'T want to be here because: \_\_\_\_\_

I NEED HELP WITH:  PLANNING MY FUTURE  SCHOOL SUBJECTS  WORK

COLLEGE APPLICATIONS  OTHER: \_\_\_\_\_

WHAT I HAVE ALREADY DONE TO HELP MYSELF: \_\_\_\_\_

LIST YOUR WORK OR VOLUNTEER EXPERIENCE: \_\_\_\_\_

MY POST-SECONDARY (after high school) Goals include: Jr College University Military Job Vocational training  
Circle one or more above

TO GET MY GOAL, I WILL HAVE TO: \_\_\_\_\_

Mountain Institute J-Ted offers me a chance to take classes so that, when I graduate from high school, I can be certified in a certain area and have a better chance of getting a job right away. All of the programs are started in high school, can be completed in two years, and they are FREE. Below is a list of programs. The possible jobs or careers are listed after each program.

Check any areas that interest you:

<input type="checkbox"/> <b>Pre-Engineering</b> Civil, Aerospace, Agricultural, Biomedical, Mechanical, Electrical...	<input type="checkbox"/> <b>Medical Professions</b> Medical Assistant, CNA, Radiologist, Phlebotomist, Pharmacy, Orderly, Nursing, Medical Billing
<input type="checkbox"/> <b>Aviation Technology</b> Air Traffic Controller, Airline Pilot, Commercial Pilot	<input type="checkbox"/> <b>Electrical Line Worker</b> Line Installers & Repair, Power Plant Operators, Telecommunications, Electrician, Installers
<input type="checkbox"/> <b>Education Professions</b> Teacher, Professor, Curriculum Instructor, School Administrator, Librarian	<input type="checkbox"/> <b>Welding Technologies</b> Welder, Fabricator, Steel Product Manufacturing, Pipe Fitter, Maritime Construction
<input type="checkbox"/> <b>Automotive Repair/Transportation Tech</b> Auto Mechanic, Diesel Mechanic, Estimating Manager for a Dealership	<input type="checkbox"/> <b>Drafting &amp; Design Tech</b> Drafter, Architect, Cartographer, Marine/Naval Architect, Photogrammetric Specialist
<input type="checkbox"/> <b>Culinary</b> Chef, Food Service Manager, Private Cook, Baker, Line Cook	Comments:



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Dr. Kristen Rex  
District Executive Officer  
2972 Centerpointe East Drive  
Prescott, AZ 86301  
928-759-8126 Phone  
928-759-8136 Fax  
[krex@yavapaicountyhs.org](mailto:krex@yavapaicountyhs.org)

**EXTRA-CURRICULAR ACTIVITIES**  
**\$1 Fee**

For your student to participate in extracurricular activities at Yavapai Accommodation School District, the following information must be completed and on file in the District Office before they will be allowed to participate.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Emergency Contacts \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, medicines, or other conditions: \_\_\_\_\_

\_\_\_\_\_

**\$1.00 to participate for the 2016/17 school year. This includes any fee to participate in an extra-curricular activity, such as field trips. You will receive a receipt for tax donation purposes.**

**INSURANCE**

Please fill out the information below in regards to your child's coverage.

Insurance Company Name: \_\_\_\_\_

Insurance Responsible Party: \_\_\_\_\_

**HOLD HARMLESS**

I hereby assume all the risks associated with participation and agree to the Yavapai Accommodation School District, its employees, agents, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in an extra-curricular activity. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator assignees, and for all of my family members. I/We, as parent(s)/guardian(s), release Yavapai Accommodation School District and its employees from any liability accruing from participation in extra-curricular activities. In the event reasonable attempts to contact me are unsuccessful, I/We, as parent(s)/guardian(s) of the stated student do hereby authorize (1) the treatment by qualified and licensed medical doctor of my child in the event of medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed; and (2) the transfer of my child to any hospital reasonably accessible. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

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