

Wm. S Hart Union School District

Valencia High School

Parent's Consent  
Insurance/Waiver  
Co-Curricular Agreement

**ACTIVITY CLEARANCE CARD 2018 - 2019**

**PLEASE PRINT LEGIBLY OR TYPE**

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Parent approves participation in the following:

**CONCERT CHOIR, VJ, MIXED CHOIR, WOMENS CHOIR, MENS CHOIR**  
**ALL FIELD TRIPS BY BUS OR DISTRICT APPROVED VEHICLE / DRIVER**

**PARENTAL CONSENT AND CO-CURRICULAR AGREEMENT**

I hereby consent for the above-named student \_\_\_\_\_ to go with a representative of the school on any/all trips transported by bus or a district approved driver. In case of injury to this student, you are authorized to have him/her treated. I further understand that in case of injury, the school staff and student body are relieved of all liability from medical or hospital bills sustained in participation in school activities and agree to abide by the rules and regulations. (See Valencia High School student handbook – "Notice of Rights and Regulations, and Responsibilities.")

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I have read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PRIVATE INSURANCE COVERAGE (IF APPLICABLE)**

This is to certify that my child is covered by insurance and further, that said coverage will be in force for the entire current school year.

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Phone: Father ( ) \_\_\_\_\_

Mother( ) \_\_\_\_\_

Other person to contact if parent cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_