



\\\\\\\\\\\\\\\\ Sundale Enrichment Registration Form\\\\\\\\\\\\\\\\
Summer Session

Student Name: _____
Last Name First Name

Address: _____ City _____

2008-2009 Teacher _____ Birthdate _____

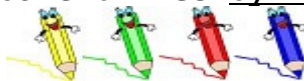
Parent/Guardian Name Telephone Cell Number

Other Contact Name Telephone Cell Number

Physician Name: _____ Telephone _____
Parent Release from liability and consent for treatment: I agree to indemnify and hold harmless Sundale Union School District, agents or employees from any liability claim or action resulting from or in any way arising out of the participation in this activity by the registered person. I consent to treatment of my minor son/daughter to any and all medical care deemed necessary by a qualified physician and to pay any and all medical costs incurred as a result of said treatment.

Signature: _____ Date: _____

Please return this registration form and the registration fee to the Sundale Office by Friday, June 5th.



Circle the class/classes you wish your child to be enrolled.

Ceramics	Podcasting	Orienteering	Going Batty
Rec Fun	Movie Maker	Domino Rally	SMART Lab
Guitar Session 1	Guitar Session 2	Guitar Session 3	