

HILLVIEW PTO FENCING REGISTRATION 2007-08

Friday, October 12

Friday, October 19

Friday, October 26

Friday November 2,

Friday November 9

Friday, November 16

If any classes are missed, a make-up voucher may be used at the Stanford Fencing Gym for another class.

Please complete this registration form and permission slip and return with registration fee of \$128.00 per student, payable to the Hillview PTO, to the Fencing Box in the Hillview Office. New and returning fencers are welcome. Inquiries may be directed to Joanne Margalit, 324-1357 or pansyfox@pacbell.net.

Player's Name _____ Grade _____

Player's Address _____

Phone _____ Female _____ Male _____

Parent's Name(s) _____ email address _____

Health Insurance Carrier _____ ID/Policy # _____

Emergency Person to reach if parent(s) are unavailable:

Name _____ Phone _____

(Please check as appropriate)

1. _____ **\$128.00 Fee enclosed payable to the Hillview PTO.**

2. _____ I am happy to donate towards scholarships. Enclosed is my donation for \$_____.

Students may NOT attend classes without both the registration form and a signed permission slip.

Please fill out permission slip on the next page.

PERMISSION SLIP FOR PTO AFTER SCHOOL SPORTS

I WANT MY SON/DAUGHTER/LEGAL CHARGE, _____,
Name

TO PARTICIPATE IN THE PTO AFTER SCHOOL SPORTS PROGRAM.

1. I UNDERSTAND THAT THIS ACTIVITY CAN BE DANGEROUS and that my son/daughter/legal charge could be injured even if the activity is conducted with due care by all concerned.
2. I AM FULLY AWARE OF THE RISKS and hazards inherent in my son/daughter/legal charge engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/legal charge, to have him/her engage in that activity, that the activity is such that my son/daughter/legal charge may be injured even if the School District, the PTO, and the City of Menlo Park utilize due care. I also know that the Menlo Park City School District, the PTO, and the City of Menlo Park are not a guarantor of my son/daughter/legal charge's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the same. I THEREFORE VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE, INJURY OR DEATH to my son/daughter/legal charge arising out of his/her participation in this activity.
3. It is my intent by this clause to exempt and relieve the Menlo Park City School District, the PTO, and the City of Menlo Park its officers and agents, from any and all liability for personal injury, wrongful death or property damage arising out of my son/daughter/legal charge's involvement in this activity.
4. Further, on behalf of myself, my son/daughter/legal charge, and our personal representatives, assigns, heirs, and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Menlo Park City School District, the PTO, and the City of Menlo Park, its officers, employees, agents or representatives for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/legal charge, where such injury or death occurs during, by reason of or arising out of this activity.

Parent/Legal Guardian

Date