

2008-2009 Community Alliance Social Program Registration Agreement

I wish for my child to attend any or all of the social events developed by parents of students at Wydown Middle School for the school calendar year 2008-09.

- My child's participation is contingent upon: completion of this form, student and parent signatures below, and turning in the registration fee.
- We have read and agree to comply with the rules for WMS students participating in the program.
- We are enclosing **a check made out to The Community Alliance** for \$12.00. Partial scholarships are available to students who qualify for the free and reduced lunch program. Please contact Dorothy Kelly at WMS.

Please print clearly. Date _____ Grade level of student _____

Student's Name _____ Parent E-Mail _____
Please print clearly.

Address _____

Phone _____ Cell phone or beeper _____

Emergency Contact _____ phone _____

Paid _____ (\$12.00. Please make check out to the Community Alliance.)

The Wydown Middle School Indemnity Agreement

In consideration of the acceptance by Wydown Social Committee Parents for the Community Alliance Program Activities of our child _____ as a participant in the schedule for 6th, 7th, and 8th grade students in the 2008-09 season, and of similar agreements by the parents of other participants, we agree to indemnify the Community Alliance, the School District of Clayton, their Administrators, Teachers, Employees, and Agents (including the persons serving as chaperones) against loss, damages, or expense resulting from any claim or suit brought against the Community Alliance, the School District of Clayton, or any said persons (1) for any injury or damage which our son/daughter may sustain in connection with attending a social event and (2) for any injury or damage sustained by anyone else alleged to be caused by the conduct of our son/daughter occurring during or after a sponsored dance or event. We have read and agree to comply with the rules of the Wydown Social Committee.

_____/_____
Signature of Student Signature of Parent

Please return this form to WMS Office. All students need to include a check for \$12.00 made out to The Community Alliance. Thank you!