

# 2009-2010 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 2009-10.

- 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. Families who qualify for the free or reduced lunch program pay \$6.00.

**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, \$6 if qualify for free or reduced lunch program. 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 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students in the 2005-06 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!