



Private Pre-school & Public K-8 Charter School in Paradise Valley

Montessori Academy Inc ◇ 6050 N Invergordon Rd ◇ Paradise Valley, AZ 85253 ◇ Voice 480-945-1121 ◇ Fax 480-874-2928

Swimming Pool Usage Parental Consent Form

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

SCHOOL NAME AND ADDRESS: Montessori Academy, 6050 N Invergordon Rd., Paradise Valley, AZ 85253

CHILD'S NAME: _____ **GRADE:** _____

DESTINATION: Montessori Academy Swimming Pools

EDUCATIONAL PURPOSE: Swimming Lessons, Physical Education Class and School Events

DATES: Duration of attending Montessori Academy

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical emergency or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the Family Code of Arizona and the Health Code of Arizona.

RELEASE OF CLAIMS AGAINST MONTESSORI ACADEMY

As Parent/Guardian, I have applied, on behalf of my child, to participate in the above-identified activities. I understand that there are risks in my child's/ward's presence, transportation, and participation in this school program. WITH A LIFEGUARD I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THESE PROGRAMS. I HEREBY RELEASE MONTESSORI ACADEMY, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THESE PROGRAMS.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MONTESSORI ACADEMY AND ME, ON BEHALF OF MY CHILD, AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____ Phone: _____