



**Woodbridge High School  
Summer Camp Registration**  
**(PLEASE PRINT LEGIBLY)**



Please note the following:

- If you wish to make a donation please attach a check or money order, payable to WHS, to this form. Cash will not be accepted.
- If registering for more than one camp, please provide a separate check or money order for each camp.
- Registration for Athletics, Performing Arts, and Pep Squad will require separate registration cards.
- Participants in summer athletic camps & Pep Squad MUST also turn in an athletic consent packet in order to participate.

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Last Name	First Name	MI	M or F
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Circle Grade Level in September:    9   10   11   12

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Home Address	City	Zip	Home Telephone or Cell
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Father/Guardian	Home Telephone or Cell	Email Address
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Mother/Guardian	Home Telephone or Cell	Email Address
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List person who we may contact in the event of an emergency if we cannot reach your parents/guardians listed above.

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Name	Home Telephone or Cell
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Summer Camp: Vocal Music Camp    August 5 - 9, 2019    9:00 AM – 12:00 PM

Choir(s): \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

8/5 – All Choirs    
 8/6 – All Men    
 8/7 – All Choirs    
 8/8 – All Women    
 8/9 – All Choirs

**YOUTH WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND MEDICAL AND PHOTO RELEASE:** I, the undersigned parents or legal guardians, understand that I am solely responsible for my child before and after each day’s program. I warrant that my child is in good health, and I know of no reason why he/she would be incapable of participating in the program. I hereby agree to indemnify and hold harmless the Irvine Unified School District and their respective directors, trustees, officers, agents and employees [hereafter “the releasees”] for damages caused by injury to my child or myself arising from my child’s participation in the program and the use of the facilities and property of the program, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releasees. I similarly agree to release and waive any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to in any way make a claim against or sue the releasees for such damages. I am aware that my participation in the program may have inherent risks and dangers associated therewith, including equipment failure, which can result in serious injury or death, including but not limited to risks associated with equipment failure. I SPECIFICALLY ASSUME ALL SUCH RISKS AND DANGERS, WHETHER OR NOT CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OF THE RELEASEES. During the period of the program, I hereby give my permission for the staff or volunteers of IUSD to administer appropriate medical attention to my child and agree to be responsible for the costs of such treatment. I will permit photographs, videotaping and surveys of my child taken during the program to be used for publicity by IUSD.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**

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Parent/Guardian Signature	Student Signature	Date
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