



Summer ACE 2023 Enrollment Form

STUDENT INFORMATION (PLEASE PRINT) COMPLETE ALL SECTIONS

Last Name	First Name	Middle Name

Please indicate if your child goes by a name other than his/her given first name

Mailing Address	Male Female

Physical Home Address

City	State	Zip

Phone	Date of Birth	Age

School	Grade Level

Homeroom Teacher's Name (If applicable)

PARENT/GUARDIAN #1 INFORMATION

Last Name	First Name	Relationship

Work Phone	Cell Phone	Email

PARENT/GUARDIAN #2 INFORMATION

Last Name	First Name	Relationship

Work Phone	Cell Phone	Email

EMERGENCY CONTACT INFORMATION (Other than Parent) MUST BE LOCAL

Name	Phone #1	Phone #2

Name	Phone #1	Phone #2

Name	Phone #1	Phone #2

TRANSPORTATION ARRANGEMENTS

This student will: (Please check one)	Walk home	Be picked up	Ride School Bus	If riding bus, list bus # on regular route

ADULTS AUTHORIZED TO PICK UP STUDENTS: The adults listed above are authorized to pick up this student. To list additional adults authorized to pick up this student, use the boxes below. I understand that I must send a note in advance when someone other than those listed above will be picking up my child.

Name	Phone #1	Phone #2	Relationship

Name	Phone #1	Phone #2	Relationship

MEDICAL INFORMATION

<p>Is there any medical reason why this child shall not participate in physical activities?</p> <p style="text-align: center;">Yes No</p> <p>If yes, please explain in the next box.</p>	<p>Please list any medical concerns:</p>	<p>Please list any allergies:</p>	<p>My child takes the following medications daily:</p>
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Waiver of Liability

- My student and I understand that this program is being offered as an opportunity for educational enrichment.
- My student and I understand that some of the activities are physically demanding.
- I understand that neither the contractor(s) nor its employees or volunteers are offering any medical insurance to protect against any injuries that may occur and makes no claims to do so and, as such, assume no responsibility for any medical expenses incurred.
- I affirm that my student does not have any medical or physical limitations and that he/she is not under a physician's care for any medical condition, disclosed or undisclosed.
- I hereby release from liability **ESC-2** and **George West ISD** and their employees or volunteers from any injury to my child. I expressly release from liability Tx ACE contractors and their employees and volunteers from any injury to my child caused by negligence of the above mentioned or any third party. ● In recognition of the opportunity being presented to my student and after having discussed and accepted this opportunity, my student and I, the parent/guardian, agree to indemnify the **ESC-2** and **George West ISD**, the contractors mentioned above, their employees and volunteers from any injury to my student that was caused by the negligence of my child or for any other reason.

_____ (Signature of Parent/Guardian) (Printed Name of Parent/Guardian) Date

_____ Student Name