## NORTHSIDE ISD ADULT COMMUNITY EDUCATION

6632 BANDER	RA ROAD SAN AN	TONIO,	ΓX 782 <b>8</b> (210)397	7-8100
	YOUTH WAIVER/ IN	FORMATION	FORM	
Child's Name:				
Date of birth:	Age:	Gender:	Male	Female
Current address:				
Food Allergies (life threatening):				
Food Restrictions (non-life threatening)	:			
Other Medical Limitations or Special Ne	eeds:			
	PARENT/GU	ARDIAN (1)		
Parent/Guardian Name				
Address				
City:	State:	ZIP Code:		
Email:	·			
Phone Number (Home/Cell):	Phone Number (Work):			
	PARENT/GU	ARDIAN (2)		
Parent/Guardian Name				
		1		
	CY CONTACTS OTHER T			
Emergency Contact Name: Relation	on: Home/Cell Phon	e: Work Ph	one: P567 7(hone)[ [(7)1	(7Tm [(Wi(N)c3.40k(7Tm [(U
I	1	I	I	J 1
	LIABILITY WAIVER AND	) MEDICAL	RELEASE	
I assume the risk of personal injury and for any and all claims for damages for administrators may have or may according program/activity. I agree and do herel Education employee and other person relating to my son/daughter for any personal program and the personal relating to my son/daughter for any personal program and the personal program and the personal program and the personal program and the personal injury and the personal inj	or personal injuries or pro crue on my and my child by waive and release all cl engaged in the activity in q	perty which I 's behalf, aris aims against I uestion and a	or my child and our heir sing out of my or my ch Northside ISD and any No gree to hold them harmles	rs, assigns, executors, or nild's participation in this orthside Adult & Community as from any and all liab ility

the below student should need immediate care and treatment as may be given said student by any doctor, trainer, nurse or

is understood by my son/daughter and me that all policies, regulations and standards of the Northside Independent School Dist rict will be in effect and must be adhe red to while participating in any Adult & Community Education camp or class. Date: Signature of Parent or Guardian:

PHOTO/IMAGE RELEASE

program/school representative from any claim by any person whomsoever on account of such care and treatment of said student. It