

Country Gardens Charter School

6313 W. Southern Ave.
Laveen, AZ 85339

2017 - 2018

Phone: (602) 237-3741
Fax: (602) 237-3892

Re-Enrollment Application for Continuing Students

Date: ____/____/____

Entering Grade Level for Fall 2017 (Please Circle): K 1 2 3 4 5 6 7 8 9 10 11 12

Student Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Gender (please circle): Male Female

Home Address: (where student resides): _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Email: _____

Mother/Guardian: _____ Address: _____

Current Phone Number: () _____ - _____ Cell Phone: () _____ - _____

Father/Guardian: _____ Address: _____

Current Phone Number: () _____ - _____ Cell Phone: () _____ - _____

Medical Alerts or Allergies: _____

Siblings planning on attending CGCS (include names, grade and birth date):

Ethnicity, Please only choose **ONE** of the following;

Is this student Hispanic/Latino? ____ **No**, not Hispanic/Latino ____ **Yes**, Hispanic/Latino

Race, Please choose one or more;

Black or African American ____ White ____ Asian ____ Hispanic/Latino ____

American Indian or Alaskan Native ____ Hawaiian Native or other Pacific Islander ____

Student Signature

Parent Signature

*Students returning to Country Gardens are given priority. Applications are due March 2, 2016.
Return applications with signed permission slips for 2016-2017 school year.

*If applications are not returned in the allotted time, spaces will be made available to the public on **March 7, 2016** and a spot for your child is not guaranteed for the following year.

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Emergency Contact Information

Attention Parents/Guardians: Only the individuals listed below will be allowed to pick up your child from school. Under no circumstances will your child be released to anyone not listed on this form. If you forget to list someone, they will not be allowed to take your child from Country Gardens. We will not take a written note or phone approval. This is for the safety of our students.

The following individuals may pick up my child (ren) from school:

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

The following individuals will not be allowed to pick up my child (ren) under any circumstances. If this information changes, I will notify the school in writing. I understand that **NO** phone approval will be accepted.

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Please list any additional phone numbers that we may use to contact someone in case of an emergency, after being unable to contact the Parents/Guardians.

Name; _____ Phone: _____

Name; _____ Phone: _____

Name; _____ Phone: _____

Name; _____ Phone: _____

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McKinney-Vento Eligibility Questionnaire

Name of School: Country Gardens Charter School

Name of Student: _____
Last First Middle

Male ___ Female ___

Birth Date: ___/___/___ Age: _____ Social Security #: _____
(or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes ___ No ___
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes ___ No ___
3. If you answered YES to the above questions, please complete the remainder of this form.
4. If you answered NO, you may stop here.

Where is the student presently living (Check the one that applies.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite)

Name of Parent/Legal Guardian: _____

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Liaison: Mrs. Gerber

Fax: (602) 237-3892

McKinney-Vento Liaison Signature

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Rights of Homeless Students

The school shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. Students will not be stigmatized or segregated on the basis of their status of homeless. The commitment to the educational rights of homeless children, youth and unaccompanied youth, applies to all services and programs, and activities provided are made available to homeless students.

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney – Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a motel/hotel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In a temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

- Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School selection: McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (school of origin)
- The school in which he/she was last enrolled (school of origin)
- The school in attendance area in which the student currently resides (school of residency)

Remain enrolled in his/her selected school for the duration of the homelessness, or until academic year upon which they are permanently housed.

Participate in programs for which they are eligible, and which the CGCS has available on campus, including Title I and other federal and state programs.

Transportation services: A McKinney-Vento eligible students attending his/her school of origin has a right to transportation to and from the school of origin.

Dispute resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child, youth, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The homeless liaison will assist you in making decisions, providing notice of any appeal process and filling out dispute forms.

For more information, refer to <https://www.ade.az.gov/asd/homeless/> or contact

Homeless Liaison
Country Gardens Charter School
6313 West Southern Avenue
Laveen, Arizona 85339
(602)237-3741

or

Arizona Department of Education
Frank Migali, Homeless Education Coordinator
1535 West Jefferson Street
Phoenix, Arizona 85007
(602)542-4963

Parent/Guardian Signature _____ Date _____

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Medical Treatment Authorization

Please list any existing medical problems: _____

Please list any known allergies: _____

In the event of a medical emergency, we will attempt to contact the primary guardian first, and then the secondary guardian, both listed on the enrollment form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school. Please complete the following emergency medical and insurance information.

- **Yes**, I give permission for my child to receive emergency medical treatment by an authorized pre-hospital Personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendering during this period.

Hospital Preference: _____ Medical Insurance: _____

Carrier: _____ Policy #: _____

Family Physician: _____ Phone #: _____

Please use this space to explain any special procedures or requests: _____

- **No**, I do not give permission for my child to receive emergency medical treatment.

Emergency Contact Names and Numbers (other than those listed above) and a second emergency Contact and number in case the Primary and Secondary guardians are unavailable.

1. _____

2. _____

The office staff has some over the counter medication that can be given to students with common ailments. They cannot and will not distribute any more than the recommended dosage listed on packages.

- **Yes**, I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. non-aspirin pain reliever, aspirin, anti-acids, cold and flu relief).
- **No**, I do not give permission for my child to receive over the counter pain reliever.
I understand that if my student needs medication, prescription or anything other than the recommended dosage for over the counter medication, the following stipulations must be met:
 1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container or any prescription drug.
 2. The parent must provide signed and written directions to the school regarding medication to be administered.
 3. All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Parent/Guardian Signature: _____ Date: _____

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K-4 Horsemanship/Animal Science Permission Slip

On occasion students in grades K-4 will have the opportunity to ride the horses and/or carriages at Country Gardens Charter School. On these occasions, the student will be led or driven around by a responsible person, while supervised by the program instructors. Students will be instructed in safety and will be required to follow safety rules while near the animals. Those students displaying inappropriate behavior will be asked to leave or return to their regular class, and may be prohibited from further participation.

For safety reasons, we **REQUIRE** that students wear long pants while participating in the horsemanship program. Students not wearing long pants will not be permitted to participate and this will be reflected in their grade. **SCHOOL DRESS CODE IS STRICTLY ENFORCED.** We also **RECOMMEND** that students wear shoes with at least one inch heels for safety; for example, cowboy or hiking boots.

WARNING: Under Arizona State Law, a signed release acknowledges that the person is aware of the inherent risks associated with equine activities; is willing and able to accept full responsibilities for his/her own safety and welfare; and release the equine owner or agent from liability, unless the equine owner is grossly negligent or commits willful, wanton or intentional acts or omissions.

In order for your student to participate in these special opportunities, a signed release must be on file with the front office. Please sign and complete the following information.

I give my child _____, permission to participate in the horsemanship program at Country Gardens Charter School. We understand the information contained in this release, and the student agrees to abide by all of the program's rules and regulations.

Student Signature _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

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5-12 Grades Horsemanship Permission Slip

This program is one of the benefits for students attending Country Gardens Charter School and is primarily offered to students in grades 5-12. The program is composed of two different levels, beginning and advanced. Students will be instructed in safety and will be required to follow safety rules while near the animals. Those students displaying inappropriate behavior will be asked to return to their regular class, and may be prohibited from further program participation.

The beginning students will be instructed in basic riding techniques as well as proper care and handling of horses. Students will ride the horses and/or carriages on campus.

The advanced students will learn advanced riding skills, and may participate in many other events which may include: supervised trail rides off campus, parades, overnight camping trips, and work with draft animals through pulling and driving teams.

Students in grades 5-8 will have the opportunity to participate in this program on a weekly basis (weather permitting) for approximately 30-45 minutes. There will be some written work for this class; all work and participation will count towards the student's regular science grade. There may be some after school opportunities available for more advanced students.

Students in grades 9-12 will participate in the program for approximately 4-6 hours per week (weather permitting) and will earn a letter grade attached to one credit per year counting toward high school graduation requirements (physical education and/or science). High school students will be required to complete written work, homework, and participate in a minimum number of after school events each semester.

For safety reasons, we **REQUIRE** that students wear long pants while participating in the horsemanship program. Students not wearing long pants will not be permitted to participate and this will be reflected in their grade. **SCHOOL DRESS CODE IS STRICTLY ENFORCED.** We also **RECOMMEND** that students wear shoes with at least one inch heels for safety, for example, cowboy or hiking boots.

WARNING: Under Arizona State Law, a signed release acknowledges that the person is aware of the inherent risks associated with equine activities; is willing and able to accept full responsibilities for his/her own safety and welfare; and release the equine owner or agent from liability, unless the equine owner is grossly negligent or commits willful, wanton or intentional acts or omissions.

In order for your student to participate in these special opportunities, a signed release must be on file with the front office. Please sign and complete the following information.

I give my child _____, permission to participate in the horsemanship program at Country Gardens Charter School. We understand the information contained in this release, and the student agrees to abide by all of the program's rules and regulations.

Student Signature _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

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K-12 Grades Botany, Zoology Lab and Feeding Permission Slip

These programs are some of the benefits for students attending Country Gardens Charter School and are offered to all students in grades K-12. Students will be instructed in safety and will be required to follow safety rules while near the animals or while using program equipment. Those students displaying inappropriate behavior will be asked to return to their regular class, and may be prohibited from further program participation.

Students will have the opportunity to participate in these programs on a weekly basis (weather permitting) for approximately 30-45 minutes each.

Botany will include some class and written work, and may include some work in the school greenhouse(s) and/or class gardens; all work and participation will count towards the student's regular science grade. Students will be supervised by the Botany Instructor and/or Teaching Assistants.

Zoology lab will include some class and written work, and may include some work in the zoology lab and/or on outdoor animal habitats; all work and participation will count towards the student's regular science grade. Students may be handling some of the lab animals, and will be supervised by the Zoology Lab Instructor and/or Teaching Assistants.

Animal Feeding will include written work, and some work in the farm animal habitats, including cleaning and maintenance of the animal pens and corrals; all work and participation will count towards the student's regular science grade. Students may be handling some of the farm animals, and will be supervised by the Feeding Program Instructor and/or Teaching Assistants.

WARNING: Students may be handling live animals in supervised settings. Even with safety precautions in place, live animals are unpredictable, and injury to the student may occur. This signed release acknowledges that the person is aware of the inherent risks associated with these activities; is willing and able to accept full responsibilities for his/her own safety and welfare; and releases the owner or agent from liability, unless the owner or agent is grossly negligent or commits willful, wanton or intentional acts or omissions.

In order for your student to participate in these special opportunities, a signed release must be on file with the front office. Please sign and complete the following information:

I give my student, _____, permission to participate in the botany, zoology lab and feeding programs at Country Gardens Charter School. We understand the information contained in this release, and the student agrees to abide by all the programs' rules and regulations.

Student Signature _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

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Out of School Suspension Alternative Option (ARS 15-843)

Parents/Guardians will be offered the option to sign up for this discipline option, and it is completely voluntary. At the discretion of the Superintendent, **a parent may be given the option of delivering corporal punishment (a swat from a paddle) to their child in lieu of out of school suspension.** This will be in a controlled environment in the Principal's office and **with two other staff witnesses.** A standard SWAT paddle will be used, the swat will be delivered to the buttocks only, clothes will always remain on the child and not more than 2 swats will be administered at any one session. The discipline will still count towards the Comprehensive Suspension policy in place at Country Gardens, yet will allow parents and the school to communicate to their child in a different manner than the usual out of school suspension.

I understand the Suspension alternative Option (Corporal Punishment) and wish to sign up for this option. I understand that I am not bound in any way to this option and have the right to change my mind at any time. If I decide to withdraw my option, I will do so in writing to the school office. I understand that this option is only giving me/us, the (parents/guardians), the **OPTION** of choosing to deliver corporal punishment to our child on the school campus. **None of the staff at Country Gardens School will be involved in this option except to witness the action of the parents and document the data.**

Parent/Guardian Signature _____ Date _____

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Arizona Department of Education Arizona Residency Documentation Form

Per Arizona law this form must be completed annually at reenrollment. You may send in a copy of the item checked or bring a copy to the office and we will make a copy.

Student's Name _____ School Country Gardens Charter School

School District or Charter Holder Country Gardens Charter School

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.

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State of Arizona Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

Location of my residence:

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of Maricopa

The foregoing was acknowledged before me this ____ day of _____, 20____

Notary Public _____ My Commission Expires: _____

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Departamento de Educación de Arizona Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela Country Gardens Charter School

Distrito Escolar o Escuela Chárter Country Gardens Charter School

Padre/Tutor Legal _____

Como el padre del estudiante o representate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- Escritura inmobiliaria o documentos de hipoteca Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- Factura de tarjeta de crédito o de banco
- Copia de la forma W-2 sobre declaración de ingresos
- Talón del cheque de paga
- Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

- Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal

Fecha

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Estado de Arizona Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de las siguiente manera:

Las personas que viven con migo:

Ubicación de me residencia:

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

- Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- Escritura inmobiliaria o documentos de hipoteca Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- Factura de tarjeta de crédito o de banco
- Copia de la forma W-2 sobre declaración de ingresos
- Talón del cheque de paga
- Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este ____ día de _____, 20____,

Notario Publico _____ Mi comisión se vence: _____

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Transportation Department

Bus Rider Information Form

All students, returning and new, **MUST** fill out and return this form. New routes will be available at the beginning of the new school year. Parents will be contacted 2 days before the start of school year, with the time and location of stop. By phone or information will be provided in the front office. After school year starts, enrolling student will be notified within 48 hours.

Student Name: _____ Grade: _____ Age: _____

Home Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Current Bus Stop Location: _____

Bus Stop Request/Location

Please list the bus stop of your preference or the major cross streets nearest you in order to incorporate it into our bus route and/or create a stop. Please be very specific for example: *63rd avenue and Southern, on the south end of the street, in front of Country Gardens Charter School*. Please remember our boundaries. Only one bus stop per am & pm will be allowed. Constant changing of stops causes confusion for both the driver and students and will only be initiated for address changes. **There is no door to door service**. Stops are made in the communities/locations where students are living. **Please be at the bus stop 10 minutes prior to posted time**. Drivers will not leave area until posted time.

Requested Bus Stop Location:

1st Choice _____

2nd Choice _____

Major Cross Streets by bus stop:

Will the student be riding the bus every day?

Yes _____ No _____ AM only _____ PM only _____ Both _____

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Country Gardens Charter School,
Country Gardens Educational Services, LLC and
Country Gardens Academic Services, LLC
Consent and Waiver

In exchange for me and my child being allowed to participate in and/or use the swimming pool or other facilities owned and operated by Country Gardens Charter School, Country Gardens Educational Services, LLC and/or Country Gardens Academic Services, LLC (collectively "Country Gardens") I _____ hereby for myself, my child and/or children, my heirs and assigns, personal representative, trustee, administrator and/or any other predecessor or successor in interest (and for my child or children's heirs, assigns, personal representatives, trustee, administrator and/or predecessor or successor in interest) agree to waive, release and forever discharge any and all claims, rights and causes of action against Country Gardens, its members, shareholders, directors, officer, officials, employees, agents and volunteers, for injury or damage caused or alleged to be caused in whole or in part by the negligence of Country Gardens. I understand that this means that I will not make any claims against or sue Country Gardens, its members, shareholders, directors, officers, agents or employees, for injuries or damage sustained by me or my child (or children). I recognize that this means I will not recover any money from Country Gardens for injuries or damage sustained by me or my child (or children).

I recognize that the negligence of Country Gardens may include, but is not limited to, acts or failure to act regarding facilities and equipment maintenance, field design, construction, instructions of Country Gardens personnel, interpretation and enforcement of rules, provision of medical and emergency medical assistance, inattention, and supervision of participants and their surrounding environment.

I recognize that injuries and damage may be caused by any of the following: falling, tripping; being pushed; running; sliding; exposure to bodily fluids, infection or disease; bodily reactions to insect and animal bites, food or materials used in the activity; striking or being struck by another individual; equipment used in the activity; a condition of the land or building where the activity is located; drowning; criminal acts of known or unknown persons; an error in administering first aid; or by a motor vehicle accident; and other similar acts, incidents or conditions.

The type of injuries may range from minor injuries and fractures to paralysis, brain damage and death.

I understand and expressly agree that this waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and effect.

Also, and in addition to the above waiver and release, I understand and voluntarily assume all risks associated with my child's, children's or my own participation in this activity. I (or my child/children) am physically capable of participating in this activity. I (or my child/children) have the necessary degree of skill, training, experience or ability to participate.

Dated: _____

Parent/Guardian Signature _____

Name of child/children (print first and last name) who attend Country Gardens Charter School

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.