



Spring Semester 2023

## PERSONAL INFORMATION

Student Name :

Parent Name :  Date Of Birth :         
M M D D Y Y

Full Address :

SUFS-UA Recipient? :  Yes  No Age :

Allergies? If yes, please list. :

IEP? :  Health Concerns?

E-Mail :

## CONTACT INFORMATION

Parent Name :  Parent Name :

Relationship :  Relationship :

Primary Phone # :  Secondary Phone # :

Full Address :

Emergency Contact :  Relationship :

Emergency Contact Number :

Emergency Contact 2 :  Relationship :

Emergency Contact Number :

Phone : 386-241-7952

Email : [lauren@thesandsacademy.net](mailto:lauren@thesandsacademy.net)



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PERMISSIONS GRANTED

Is your child being dropped off and/or picked up by someone other than those listed on page 1? YES NO

Full Legal Name: [ ] Contact # : [ ]

Full Legal Name: [ ] Contact # : [ ]

Full Legal Name: [ ] Contact # : [ ]

May we have permission to take the child's photograph which may be used on the The Sands Academy's public website, in print, electronic media and/or community newspapers for the promotion of our programs and services? YES NO

CONSENT & WAIVER

CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT PLEASE READ CAREFULLY

I agree and understand that my MINOR child, named on this form, has my permission to participate in the program/activity or series of programs/activities indicated on this form. As the Parent or Legal Guardian of the child registered in the program/activity or series of programs/activities, I and my child agree to indemnify and hold harmless, The Sands Academy, LLC, from all claims, demands, actions and causes of action, loss, costs or damages that The Sands Academy, LLC may suffer, incur, or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or actions while my child is participating in the program/activity or series of programs/activities. Furthermore, I and my child hereby release, waive and discharge The Sands Academy, LLC from all liability to our heirs, executors, administrators for all loss of damage and any claim or demands for such loss or damage due to injury to person or property.

By signing this agreement, I and my child understand that my child, or I, as the legal guardian, will be assuming injury and certain legal risks if the afore mentioned conditions arise. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions contained in this Agreement prior to signing it.

Parent/ Legal Guardian Signature

Parent/ Legal Guardian Name Printed

Date

Phone : 386-241-7952

Email : lauren@thesandsacademy.net