



**Summer School 2020 Registration**  
**(return to 96 Arapahoe Ave, Boulder, CO 80302)**

**Student Name**

\_\_\_\_\_  
FIRST MIDDLE LAST (NICKNAME)

**Pronouns** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade in Fall** \_\_\_\_\_

**School Attending (if not September School)** \_\_\_\_\_

**The student lives with:**

both parents    father    mother    guardian (relationship to student \_\_\_\_\_)

**Parent/Guardian Information**

**Household #1**

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Name 2 \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell/ work phone \_\_\_\_\_

Cell/work phone \_\_\_\_\_

**Household #2**

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Name 2 \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell/ work phone \_\_\_\_\_

Cell/work phone \_\_\_\_\_



## WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the September High School program, field trips, and related events and activities, the undersigned:

- 1) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions and inactions, but the action and inaction of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 2) Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 3) Release, waive, discharge and covenant not to sue September High School, its respective administrators, directors, agents, teachers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leaseholders of premises used to conduct the event, all of which are hereinafter referred to as "releases" , from any liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the releases, even if it could be shown that the releases acted in a negligent manner.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Printed name of Student / Participant: \_\_\_\_\_

Signature of Student / Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent(s) // Guardian: \_\_\_\_\_

Printed name(s) of Parent(s)/ Guardian \_\_\_\_\_ Date \_\_\_\_\_



## 2020 SUMMER SCHOOL FINANCIAL AGREEMENT

STUDENT NAME: \_\_\_\_\_

PARTY RESPONSIBLE FOR PAYMENTS: \_\_\_\_\_

GRAND TOTAL = \$ \_\_\_\_\_

### 3 Credit Courses: \$500

- History of Piracy** (3 credits Social Studies or Language Arts)
- Introduction to Projective Geometry** (3 credits of Geometry)

### 4 Credit Courses: \$600

- Short Fictions: Stories, Comics, Films** (4 credits of Language Arts)
- Independent Summer Study** (4 credits)

**By signing this agreement, I attest that I have read, understand, and agree to the following:**

- (1) It is my responsibility to pay registration fees in full.
- (2) I understand that if my payments are delinquent, September School reserves the right to execute the third party collections process.
- (3) No student records including grades, transcripts, diplomas, or any other student information will be released until a student's account balance is paid in full.
- (4) I understand that, should my student be expelled due to conduct or if the family decides to withdraw the student during summer school, there are no refunds.
- (5) Last day to withdraw with a 75% refund: Friday, June 19.

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PARTY RESPONSIBLE FOR PAYMENTS SIGNATURE

DATE