



Superintendent
 Board of Education
 Educational Services
 Business Services
 Curriculum & Instructional Services
 Personnel Services
 Student Services

Ext. 142/Fax 757-5323
 Ext. 140/Fax 757-5323
 Ext. 144/Fax 757-5323
 Ext. 122/Fax 757-5319
 Ext. 150/Fax 757-5423
 Ext. 106/Fax 757-5422
 Ext. 116/Fax 757-5416

526 B Street _ Davis, CA 95616 _ 530-757-5300 _ www.djustd.k12.ca.us

Davis Joint Unified School District Dr. J. Quezon Hammond _ Superintendent

VOLUNTARY ACTIVITY PARTICIPATION FORM

Activity Name _____

APPLICATION FOR PARTICIPATION

Name _____ Phone _____

Address (City, State, Zip) _____

Date of Birth _____ Age _____ Height _____ Weight _____

Any previous training/experience: _____

If "Yes," please specify Instructor's name, Location of School, Instructor's business and Education.

The undersigned understands that participation in this activity is voluntary and not part of the regular school program. It is further understood the activity, by its very nature, poses a high degree of risk of injury or illness, including death, and that the participant willingly and knowingly wishes to participate in spite of these risks.

The undersigned student of Davis Joint Unified School District does hereby agree to follow all instruction and instructors in the course in the activity applied for, and the undersigned student and the undersigned parent(s)/guardian(s), and each of them, do hereby release and agree to defend, indemnify and hold harmless the District and its instructors, from any and all claims for personal injuries or other damages, however caused, that the undersigned student might sustain or which said student might cause to any other person while participating in this activity.

Signature: _____ Date: _____

If Minor, Signature of Parent/Guardian:

_____ Date: _____