

By signing, I give permission for my child, listed below, to attend Academic Origami classes at Our Savior's Lutheran School. If needed, I give permission for emergency medical care to be administered by the nearest emergency facility. I understand that if an emergency should arise I will be immediately notified. I agree to the refund policy stated below. By signing, I agree Academic Chess may use any photos and/or video taken during class at their discretion.

| Parent Signature: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Student Name: | _ Parent Name: |
| Grade: Phone 1: | _ Phone 2: |
| E-mail: | Check # Amount: |
| Session(s) attending (circle one): Session 3 Session 4 Session 3 & 4 | Transportation after class (circle one): Walk Parent Pickup Day Care |
| Refund Policy: No refunds except when the class is cancelled by Academic Chess. *Any day(s) or of the season or a credit will be applied for student at a future session provided by Academic Che Returned Check Policy: Any returned check will be assessed a \$25 fee to be paid in cash. Futur | ess. |