



ASSISTANCE LEAGUE OF FLINTRIDGE WAIVER

EMERGENCY MEDICAL AUTHORIZATION - I am the parent/guardian of the above named student. In case I am unable to be reached during any emergency, I hereby authorize a representative of the Assistance League of Flintridge program, pursuant to the provisions of Family Code section 6910, to act as my agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I UNDERSTAND that my child must comply with Assistance League of Flintridge BEHAVIOR STANDARDS as detailed on the ALFlintridge.org website. Failure to comply could result in exclusion from the program without refund.

I UNDERSTAND that classes are subject to cancellation in case of insufficient enrollment.

I UNDERSTAND that there are NO PROGRAM FEE REFUNDS UNLESS A CLASS IS CANCELLED BY ASSISTANCE LEAGUE OF FLINTRIDGE.