



**AUPP HIGH SCHOOL**  
**FOX CROFT**  
ACADEMY

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**AUPPHS-FA CLUB PARTICIPATION WAIVER**

**Please read and sign below:**

As a participant in the following activity, \_\_\_\_\_, I agree to conduct myself in a responsible manner, to act safely, and to follow any rules, procedures, or instructions.

Printed Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Parent/Guardian Consent:**

As the parent/guardian of this student, I agree to the points listed in the above waiver and provide consent for the student to participate in the activity and to join AUPPHS-FA club(s).

I acknowledge that all AUPPHS-FA clubs have a faculty advisor/staff but will not always attend club meetings and activities. And are only there to provide advice and guidance to the clubs.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_