

**EMERGENCY NOTIFICATION, INDEMNITY AGREEMENT, AND INTERNET PERMISSION SLIP  
SUMMERWOOD ACADEMIC CENTER  
(SAC)**

Please complete the following form. All information must be legibly provided with required signatures.

**CONTACT INFORMATION**

- Male**
- Female**

**Child's legal Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**SUMMERWOOD ACADEMIC CENTER INDEMNITY AGREEMENT**

Through registration, I authorize my child to participate in any and all Summerwood Academic Center courses and activities. I hereby release the center, its trustees, officers, employees and agents from any and all liability for all injuries or damages suffered while participating, preparing to participate or otherwise engaged in activities connected with this program. The undersigned agrees to assume all risks, and recognizes that despite the exercise of reasonable safety precautions by Summerwood Academic Center, injury is possible. If an emergency arises, I authorize emergency treatment or hospitalization for my child/children when deemed necessary by Summerwood Academic Center's personnel.

- I hereby authorize Summerwood Academic Center to show and produce the name, photographs, and videos taken of my child mentioned above for the purpose of promoting the center, its curriculum and programs.
- I hereby "DO NOT" authorize Summerwood Academic Center to show and produce the name, photographs, and videos taken of my child mentioned above for the purpose of promoting the center, its curriculum and programs.

I have read, and I understand the Indemnity Agreement.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**COMPUTER INTERNET PERMISSION SLIP AND ACKNOWLEDGEMENT FORM**

Policy and Procedure for Internet Use: Students enrolled in Summerwood Academic Center will only be permitted to use computers installed with a filtering device. However, the filtering device cannot prevent access to all material on the Internet that may be considered offensive, objectionable or sexually explicit. I understand that Summerwood Academic Center or its employees cannot guarantee that my child will not be able to access these materials, and will not hold Summerwood Academic Center or its employees responsible if my child is exposed to such materials.

I give permission for my child to have access to the Internet at Summerwood Academic Center and agree that my child will abide by the Center's Policy and Procedure for Internet Use. I understand that my child may be terminated from the Center if he/she violates this policy.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Student: I understand Summerwood Academic Center's Policy and Procedure for Internet Use and have discussed it with my parent(s). I agree to abide by all of Summerwood Academic Center's policies. I understand that I may be expelled from the Center if I break the rules for using the Internet.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**