Santa Margarita Catholic High School

Diocese of Orange

Shadow Release Form

Student's Name:_____
(Last) (First) (Middle)

Student's Address: _____
Street City Zip Code

Present School:_____

Father/Guardian Name: _____

Mother/Guardian Name:_____

Shadow Date: _____

Academic Interests: _____

Athletic Interests: _____

Contact Information in Case of Emergency:

Father's Cell Phone_____ Father's Work Phone _____
Mother's Cell Phone _____ Mother's Work Phone _____

By signing this document I hereby waive and release Santa Margarita Catholic High School, and their employees, from any and all liability for any injuries and illness incurred while my child is visiting the school. I know of no mental or physical problem which may affect my son/daughter's ability to participate in the shadow program.

_____ _____
Parent Signature Date