

St. Joseph Academy

Crusader for a Day

Shadow Release Form

Student's Last Name: _____ First Name: _____

Home Address: _____

City, State, zip: _____

Email Address: _____ Home Phone: () _____

Please Print Clearly

Mother's Name: _____ Mother's Cell: () _____

Father's Name: _____ Father's Cell: () _____

Requested Shadow Date: _____

Academic Interests: _____

Athletic Interests: _____

Student's current school: _____

Student's current grade: _____

By signing this document, I hereby waive and release Saint Joseph Academy, 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: _____