

Sterling S.T.A.R.Z. Camp

Sterling's Technically Adaptable Remote learning Zone

Academic Waiver

In order to create a successful environment for your child at Sterling STARZ Camp, our staff will require direct communication with your child's school teacher.

Please complete the information below, and submit the completed form to us at your child's orientation day. A copy of this form will also need to be submitted to your teacher's school.

Your name: _____

Your child's name: _____

School / Grade: _____

Primary teacher's name: _____

Best way to communicate with teacher (email / phone): _____

Additional teacher's names for various subjects (if applicable):

Name	Subject	Contact info:
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Name	Subject	Contact info:
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I hereby release any and all critical academic information to Sterling Gym STARZ camp staff members in an effort to maintain a practical educational experience for my child(ren). My signature below is my indication that I agree to allow my child's teacher to communicate directly with Sterling Gym STARZ Camp staff members any information directly related to their remote learning experience. This agreement is valid only during my child's active participation in Sterling Gym STARZ camp, and will expire immediately upon my child's discontinuation with enrollment.

Sterling Gym will not share any information regarding your child with anyone except for the person(s) listed above. Questions regarding this agreement, or STARZ camp in general may be directed to our program directors: Miss Allie Ringuette and Miss Kim MacKenzie.

Name: _____

Relationship to Student: _____

Signature: _____

Date: _____

