American Leadership Academy  
Activity Disclosure Statement for School Sponsored Activities  

In accordance with UTAH CODE ANN. 53G-4-409, an activity disclosure statement must be made available to the parents of students in grades 9-12 who are trying out or signing up for any team group, or program that will require the student to miss normal class time or have activities that will take place outside regular school time, including over-night competitions, games performances, events or other activities.

<table>
<thead>
<tr>
<th>Name of Team</th>
<th>Are Tryouts Required? Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Tryouts:</td>
<td>Time of Tryouts:</td>
</tr>
<tr>
<td>Maximum number of students who will be involved or selected for the team</td>
<td></td>
</tr>
<tr>
<td>Beginning and Ending Dates of the Season:</td>
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</tbody>
</table>

**In Season Activities:** Tentative schedule of events, performances, games or other activities which are planned during the time-period or season. Include dates, times and places if available or attach a copy of schedule:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Out of Season Activities:** Tentative schedule of events, performances, games, camps, clinics, or other activities planned outside of the season including dates, times and places.

Total Individual Fee/Cost per student for participation

(Charges may not exceed amount listed in fee schedule)

**Itemized Costs:** Attach additional sheet if necessary.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Fee Amount</th>
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</thead>
<tbody>
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</table>

No fee may be charged that has not been previously approved by the Board of Trustees for this activity. Students unable to pay fees may apply for a fee waiver through the school administration.

Employee Responsible for Team/Activity: ____________________________

Phone ____________________________ Email ____________________________

Parent Signature: ____________________________

Student Name: ____________________________ Approval: ____________________________

Chief Business Administrator