

☐ Paid

Form 2430fm1

**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
STUDENT PARTICIPATION IN DISTRICT AND NON-DISTRICT SPONSORED CLUBS, EVENTS, AND
ACTIVITIES**

Refer to school board policies 2430 and 5730 for District and Non-District Sponsored Criteria

Delaura Middle School

School Name

10/24/2024

Date

Student Name _____ Grade _____
Activity/Event: Delaura Students vs Satellite Beach Police
In school Basketball Game Pep Rally
ON November 21, 2024 List activity/event
Date(s) and time of Event Candace Terry Adult Supervisor
LOCATION OF EVENT/ACTIVITY Basketball Game - Pep Rally
NATURE OF EVENT/ACTIVITY Pep Rally - Fundraiser
Delaura Students vs Satellite Beach Police
Basketball Game - Cost \$300
Staff/Guests who will be present during event/activity DMS Faculty/Staff

Parents should direct questions concerning the activity to the school office

Name Candace Terry
Adult Supervisor

Telephone: 321-773-7581
(School Number) (Mobile Phone)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

X 31619

PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified.
3. The parent or guardian and student understand that the school district, its officers, agents, or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity/Event..

☐ Granted ☐ Denied ☐ Granted with the following exceptions: _____
(Describe)

Student Signature - Date
(Optional for Elementary School)

Parent/Guardian Signature- Date
(Required for all)



Please check if you would like
to be considered as a student
to play in the game.