

**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
STUDENT PARTICIPATION IN CLUBS AND ACTIVITES**

District Sponsored

(See Policies 2430 and 5730)

Non-District Sponsored

_____ School Name

_____ Date

_____ Student's Name

_____ Grade

Activity/Event: _____
List activity/event

ON _____
Date(s) and time of Event

_____ Adult Supervisor

LOCATION OF EVENT/ACTIVITY _____

NATURE OF EVENT/ACTIVITY _____

Staff/Guests who will be present during event/activity _____

Parents should direct questions concerning the activity to the School Office

Name _____
Adult Supervisor

Telephone: () - - () - -
(School Number) (Mobile Phone)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

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 Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.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.

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

Students Signature – Date
(Optional for Elementary School)

Parent/Guardian Signature– Date
(Required for all)