

**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**

\_\_\_\_\_  
School Name \_\_\_\_\_  
Date  
\_\_\_\_\_  
Student Name \_\_\_\_\_  
Grade

Activity/Event: SSYRA Book Club  
\_\_\_\_\_  
List activity/event

ON Wednesdays 8:05-8:45 Jennifer Monroe  
\_\_\_\_\_  
Date(s) and time of Event Adult Supervisor

LOCATION OF EVENT/ACTIVITY Media Center  
\_\_\_\_\_

NATURE OF EVENT/ACTIVITY Meet to discuss SSYRA books and participate in book related activities.  
\_\_\_\_\_

Grades 3-5 will meet on the 1st & 3rd Wednesdays, Grade 6 will meet on the 2nd & 4th Wednesdays.

Staff/Guests who will be present during event/activity Jennifer Monroe  
\_\_\_\_\_

Parents should direct questions concerning the activity to the school office

Name \_\_\_\_\_ Telephone: 321-454-3550  
Adult Supervisor (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 Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.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/Event..

Granted  Denied  Granted with the following exceptions: \_\_\_\_\_  
(Describe)

\_\_\_\_\_  
Student Signature – Date  
(Optional for Elementary School)

\_\_\_\_\_  
Parent/Guardian Signature– Date  
(Required for all)