

PARENTAL PERMISSION TO PARTICIPATE

I give my child _____ permission to attend the Winter Dance at JMS on Friday, January 26, 2024 from 3:30-5:00 pm. By signing below, I confirm that my child will be attending the Winter Dance for the entirety of the dance and I will provide **pick-up** for my child at the conclusion of the dance **at 5:00pm**. Students may not leave the dance early. Students who have been assigned a Behavior Support Session must complete it before attending the dance. Students who do not complete their Behavior Support Session may not attend the dance.

Signature (parent/guardian if participant is a minor)

Date

STUDENTS, BRING THIS FORM TO THE DANCE. IT IS YOUR ENTRY TICKET.

PARENT'S APPROVAL FOR MINORS & PARTICIPANT WAIVER

Participant's Name: _____

Event: JMS Winter Dance

On: Friday, January 26, 2024 at JMS lunch area (outside)

I, the undersigned participant (or parent or guardian if participant is a minor), waive, release and discharge any and all rights, claims and actions against the California State PTA, including all unit, council, and district PTAs and all of their officers, directors, members and volunteers for any damage, loss or injury in connection with participation in this activity, unless caused by the negligence of the PTA. If the participant is a minor, the undersigned parent or guardian assumes all risks in connection with the minor's participation in the event.

I do hereby certify that to the best of my knowledge and belief said participant is in good health and is physically fit and able to participate in this event. I acknowledge that I am aware of the inherent risks in participating in any athletic event. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above named participant has had the following allergies, medicine reactions or physical condition which should be made known to a treating physician or which could limit participation.

If none, please write none.

Signature (parent/guardian if participant is a minor)

Date

Print Name

Phone