

**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

Cocoa High School
School Name

Date

Student Name

Grade

Activity/Event: On Campus Tutoring - Before School and After School
List activity/event

Ongoing dates before school after school Classroom Teachers
Date(s) and time of Event Adult Supervisor

LOCATION OF EVENT/ACTIVITY In content area classroom teacher's room

NATURE OF EVENT/ACTIVITY Additional time and help given for tutoring/review of academic content

Staff/Guests who will be present during event/activity Content Area Classroom Teacher

Parents should direct questions concerning the activity to the school office
321-632-5300

Name Varying classroom teachers
Adult Supervisor

Telephone: () -
(School Number)

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 Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.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