

**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: L3Harris STEM Club
List activity/event

ON Wednesday Mornings 8:30-9:25 Alicia Colbert and Beth Rembe
Date(s) and time of Event Adult Supervisor

LOCATION OF EVENT/ACTIVITY Room 511 or Media Center

NATURE OF EVENT/ACTIVITY The STEM club will prepare for a school competition that will take place in April.
Students will work as a team to Collaborate, Create, Communicate, and Code .

Staff/Guests who will be present during event/activity Michelle Marshall

Parents should direct questions concerning the activity to the school office

Name <u>Alicia Colbert (Arsenault)</u>	Telephone: <u>321-633-3500 Ext. 33421</u>
<small>Adult Supervisor</small>	<small>() - () - (School Number) (Mobile Phone)</small>

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 Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.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