## **REQUEST FOR STUDENT PARTICIPATION—ONE DAY OR SEASONAL ACTIVITY**

## Parent/Guardian: Your student wishes to participate in Activity/Field Trip to:

## Woodland Park Color Games

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## Date(s) of Event: Thursday, February 14th

Transportation will be by: walking (event will be held on campus)

It is necessary that the parents specifically request that their child be included in this activity. Supervision for this event will be furnished by the school, but parents should understand that supervision will end at the time stated above. The school will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. Low cost student accident insurance is available; also, additional low cost insurance is available for students participating in interscholastic athletics. Please call or write the school office for information. If you wish your son/daughter to participate in the above-described activity, please complete the request for participation form below, and return it to the school immediately.

	(Keep this top po	rtion and return lower portion with your student	:)
PARENT REQUEST FOR STUDENT PARTICIPATION—			
Permission S FEBRUARY		E ANYTHON TEAM NO LATER THAN MO	ONDAY
	**NO LATE PE	ERMISSION SLIPS/NO EXCEPTIONS	**
STUDENT ID: I, the undersigned, authorize that my son/daugh		the undersigned, authorize that my son/daughter	(Name of Student)
is permitted to participate in: ANYTHON		OLOR GAMES. (Name of Activity)	(
I	EMERGENCY CONTACT	DURING THIS TRIP: This information must be p	provided.
PARENT:	Phone number:	Cell number:	
OTHER:	Name:	Cell number:	
	** <mark>Two sig</mark> i	natures required!	Sign here and below
		х	
Date signed		X **Signature of Parent or Guardian	
I, the undersign	ed, request that my son/da	ughter (Name of Student)	
be permitted to	participate in: <u>ANYTHON (</u>	<u>COLOR GAMES</u> (Name of Event/Activity)	
scheduled for	THURSDAY FEBRUARY 1	4 <sup>TH</sup>	
and the State of Cal undersigned, for cor releases the District by reason of said fie	ifornia for injury, accident, illness, or nsideration of said student's partici and its employees and agents from and trip or excursion and agrees to it	ides that any person making a field trip or excursion waves all clai or death occurring during or by reason of the field trip or excursior pation in said field trip or excursion, for himself/herself and on beh m and waives all claims for injury, accident, illness, death or prope indemnify and defend the District and hold it harmless from all clai onduct of said student while participating in said field trip.	<ul> <li>Accordingly, the half of said student, hereby erty damage occurring during or ms and actions for damage or</li> </ul>
Date signed		X **Signature of Parent or Guardian	_ <
U		-	N
ALL PEF	<u>RMISSION SLII</u>	PS MUST BE TURNED IN T	<u>O THE</u>
ANYTHO	ON TEAM NO L	<b>ATER THAN MONDAY FEE</b>	<b>BRUARY</b>
11 <sup>TH</sup> . PERMISSION SLIPS TURNED IN AFTER MONDAY			
FEBRUA	RY 11 <sup>TH</sup> WILL	NOT BE ACCEPTED.	<u> </u>