



Swasey Central School  
Jump Rope Club Extended Day Program  
Permission Form SESSION 1, 2017

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

My child has permission to participate in the Jump Rope Club Extended Day Program at Swasey Central School. I have completed and attached the required permission slip.

\_\_\_\_\_ S/he will be picked up by \_\_\_\_\_.

\_\_\_\_\_ S/he has permission to walk/bike home. I have completed and attached the required permission slip.

\_\_\_\_\_ S/he will go to the 'School's Out' program following the Activity.

**Parent/Guardian - please initial:**

\_\_\_\_\_ I am aware of the exact dates of the activity and I have marked them on my calendar.

\_\_\_\_\_ I have enclosed a check for \$12.00 made payable to:

**The Brentwood School District.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email \_\_\_\_\_

\*\*\*Day of week my child/ren are attending: \_\_\_\_\_ \*\*\*\*\*

Please enclose a check for the full amount made payable to: The Brentwood School District

NOTE: Please fill out the insurance information below:

\_\_\_\_\_ My child is covered by school insurance.

\_\_\_\_\_ My child is covered by \_\_\_\_\_

Name of insurance company and policy number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM AND ALL OTHER REQUIRED FORMS ALONG WITH A CHECK NO LATER THAN **November 6th.** **FORMS AND MONEY MUST BE SUBMITTED BEFORE A CHILD WILL BE ALLOWED TO PARTICIPATE.**

\*\*\*PLEASE BE SPECIFIC REGARDING WHO WILL BE PICKING YOUR CHILD UP INCLUDING THE NAME(S) OF ALL INDIVIDUALS. PLEASE CONTACT THE OFFICE IF THERE IS ANY CHANGE IN HOW YOUR CHILD WILL BE DISMISSED.

**ACTIVITY/FIELD TRIP PERMISSION AND RELEASE AGREEMENT**  
**The Brentwood School District**

I/We, \_\_\_\_\_, the parent(s) or guardian(s) of \_\_\_\_\_ give my/our permission for my/our child to participate in an activity. I/We understand that, although this activity is designed to enhance learning and support curriculum, participation in this activity is voluntary and is not a required school program or activity. I/We are allowing my/our child to participate only after understanding and considering the following:

Activity/Field Trip Details

1. Description of the activity/fieldtrip (including dates, times, departure and return):

*The Extended Day "Jump Rope Club" program will meet on the either the following Tuesday or Thursdays, please **check** either Tuesday or Thursday's, 8am- 8:40am, or Thursday PM 3:15-4:15*

\_\_\_\_\_ *Tuesdays: AM November 7, 14, 21, 28, Dec. 5, 12, 19, Jan. 2, 9*

\_\_\_\_\_ *Thursday AM 8:00-8:40 November 2, 9, 16, 30, Dec. 7, 14, 21, Jan. 4, 11*

\_\_\_\_\_ *Thursday PM 3:15-4:15 November 2, 9, 16, 30, Dec. 7, 14, 21, Jan. 4, 11*

2. Purpose of/Plan for the activity/field trip:

*To offer the children opportunities and instruction to learn or improve the skills required to create and participate in jump rope activities and routines.*

3. Supervision:

*All practice sessions will be supervised by Mrs. Lane, SCS P.E. teacher, and two SCS instructional assistants.*

4. Transportation:

*Parents, or an authorized person, are responsible for dropping their children off at the school at 8:00 a.m. for the morning practices and by 4:15pm for afternoon practices.*

5. Requirements (clothing, equipment, supplies):

*Comfortable clothes, sneakers, and a water bottle are required. Optional equipment includes a jump rope (these can be provided by the school if needed).*

6. Other relevant activity/field trip information:

*If there school is not in session for any reason, these activities will be cancelled. No jump rope on delayed openings.*

By signing this permission form, I/we acknowledge the following:

1. I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity may have inherent risks of injury for those who participate.
2. I/We understand the School District cannot unconditionally guarantee safety for children and that the obligation of the School District is to take reasonable precautions for safety and well being. My/Our child also has a responsibility for his/her own safety and the safety of others.
3. I/We must provide the school staff and chaperones with medical or other important information that I/we feel the school should know about my/our child prior to the start of this activity.
4. I/We represent that my/our child is physically fit to participate in this activity, and if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular activity. The School District will rely on this representation.
5. My/Our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and failure to comply could exclude my/our child from future participation in this activity.
6. I/We hereby consent to medical treatment to my/our child, which may be deemed advisable in the event of injury, accident and/or illness during a school trip. I/We hereby certify that if I/we have any particular medical instructions, I/we have provided these instructions below.
7. I/We certify that my/our child's medical expenses are covered by a medical insurance policy, or if not, I/we accept absolute financial responsibility for such in the event that expenses are incurred.
8. I/We will bear any cost for additional transportation, if my/our child leaves or is asked to leave the activity before completion.
9. I/We acknowledge and understand the risk and requirements for our child to participate in this activity.

**RELEASE**

In consideration of permission for my/our child to participate in the activity, I/we knowingly, and voluntarily release and waive and further agree to indemnify and hold harmless SAU #16, the School District, and their officers, agents, employees, volunteers, and representatives both individually and in their official capacities from and against any claim which I/we, my/our child or any relative or next of kin of mine/ours, or any other person, firm or corporation, may now or hereafter have or claim to have (known or unknown), seen or unseen, directly or indirectly, for or on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from or arising out of my/our child's participation in the activity, or in any way connected with or arising out of instruction, training, emergency care or other operations incidental to participation in the field activity.

This "Release" shall be construed to be as comprehensive as is allowed by law and as severable. The validity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

Medical and/or Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_