

MOUNT VIEW MIDDLE SCHOOL PTA  
Marriottsville, MD 21104

**ART CLUB**  
**PARENT APPROVAL AND STUDENT WAIVER**  
**(Please return to Mrs. Mako by November 13<sup>th</sup>.)**

\_\_\_\_\_ in grade \_\_\_\_\_ has my (our) permission to participate in the PTA sponsored after school **ART CLUB** for the school year 2015-16. The club will meet with Mrs. Mako in the GT Resource Room from 2:30-3:30 p.m. on the following Tuesdays:

November 17  
December 2, 9  
January 5, 12, 19, 26  
February 9, 16, 23

The undersigned parent or guardian agrees to, certifies and acknowledges the following:

- All students will be picked up promptly at the end of each session. Late pickup could result in student being dropped from the club.
- Parent or Guardian assumes all risks in connection with the student's participation in any and all Maryland PTA sponsored activities.
- The Maryland State PTA, all PTA officers, employees and agents are released and discharged from all liability for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless caused by the negligence of the PTA.
- The above-named minor is in good health. In the event of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including all costs associated with such emergency treatment.
- The above named minor has the following allergies, medicinal reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

\_\_\_\_\_  
(if none please write "none")

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent Cell

\_\_\_\_\_  
Parent Email