

Mount View Middle School Club Permission Form

Exploratory World Language

Teachers in Charge: Ms. Chao, Ms. Costello, Ms. Sharbaugh

Time: 2:30 to 3:30 pm

Dates: (CHOOSE ONE)

____ Rotation 1: 10/10, 10/11, 10/17

____ Rotation 2: 10/24, 10/31, 11/8

____ Rotation 3: 11/14, 11/28, 12/5

Space is limited to the first 60 students per session who return this permission slip.

Important Details: Students will sign up for one rotation which will include three one hour language experiences. (Chinese, French, and Spanish)

I grant permission for _____ to participate in *(name of activity)* at the times and dates listed on this form. By granting permission, I agree to the following:

- I will pick up my student promptly at the end of each session.
- Parent or Guardian assumes all risks in connection with the student's participation in all (PTA or MVMS) activities.
- MVMS employees, Maryland State PTA officers and agents are released and discharged from all liability for any damage, loss or injury to the student's property, or parent's property in connection with participation in these activities, unless caused by negligence of the employees.
- The above named minor is in good health. In the event of illness or injury, permission is granted for emergency treatment to be administered. It is understood that 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 conditions which should be made known to a treating physician or which could limit participation:

(If none, please write none.)

Parent/Guardian Printed Name

Signature

Preferred Phone Number

Secondary Phone Number

Parent/Guardian email