

Mount View Middle School PTA Club Permission Form

Green Team

Teacher in Charge: Susan Mako

Time: 2:30 -3:30 on Wednesdays

Cost: \$0

Important Details:

- Space is limited to the first 20 students who return this permission slip.
- Please e-mail Mrs. Mako (susan_mako@hcpss.org) or message her on Canvas if you are not able to attend a meeting.

October 18 2:30 – 3:30 Gardening	November 8 2:30 – 3:30 Healthy Harvest	February 28 2:30 – 3:30 Tear It Up	May 2 2:30 – 3:30 Gardening
October 22 <i>Special Event!</i> 10:30 – noon Oyster Count at AMM	Thursday, December 7 <i>Special Event!</i> 2:30-4:00 Eco Crafting	March 7 2:30 – 3:30 Earth Day Mural	Special Event! Date TBD Creating Cement Oyster Reef Balls
October 25 2:30 – 3:30 Recycling Signs	February 16-19 <i>Special Event!</i> Time TBD Backyard Bird Count	March 14 2:30 – 3:30 Earth Day Mural	Special Event! Date TBD (May) Planting The New Garden
November 1 2:30 – 3:30 Recycling Signs	February 21 2:30 – 3:30 Comfort Foods	April 25 2:30 – 3:30 Gardening	Special Event! Date TBD (May) Final Oyster Count

I grant permission for _____ to participate in *Green Team* 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 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