

Geography Bee



Activity: **Geography Bee**
Instructor: Mr. Grabau
Time: 2:30 PM - 3:30 PM.
Wednesday Prep Meetings:
October 28,
November 4, 18,
December 2
Geography Bee:
December 9

TO REGISTER: Complete the Permission Form below and return it to Mr. Grabau.

Mount View Middle School Geography Bee Permission Slip

I give permission for _____ to attend the **Geography Bee** on December 9, 2015. I will pick up my child in front of the school promptly at 3:30 PM.

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

- Parent or Guardian assumes all risks in connection with the student's participation in 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")

Child's Name: _____ Home Phone: _____

Address: _____ City: _____

Parent/Guardian Signature

Cell Phone

email address