MOUNT VIEW MIDDLE SCHOOL PTA

Marriottsville, MA 21104

**PARENT’S APPROVAL AND STUDENT WAIVER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in grade\_\_\_\_\_\_\_\_ has my (our) permission to participate in the PTA sponsored after school **Writers Guild Club** for the school year 2014-15, Wednesdays, October 1, 15, 29 November 12 December 3, 17 January 14, 28 February 11, 25 March 11, 25 April 15, 29 and May 13 and 27th in Mrs. Remmel’s room.

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 an 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:

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 ( if none please write “none”)

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 Signature Printed Name

Address City Home Phone

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Parent Cell Parent Email