

Cheldelin Disc Golf Club Permission Slip- Fall 2010

I give my child _____ permission to participate in Cheldelin's after school disc golf club program. I understand the club will meet on **Tuesdays and Thursdays** after school **until 5:45 pm**, from September 14th until Thursday November 4th. Tuesday Meetings will be held in room 13, and practice will occur on field 5 at Cheldelin, with temporary courses setup around the campus. Thursday meetings will alternate between the Adair Park or Willamette Park disc golf courses, instead of at Cheldelin. Transportation to these parks after school and from these parks at 5:45pm **is not** provided by the club. The club will not meet when school is not in session. **Check www.mrkscience.com for club info and schedules!**

Club/Intramural Rules:

1. Only students attending Cheldelin Middle School can participate.
2. There is a \$10 fee to cover supplies for the fall for the club. Please make checks payable to Cheldelin Middle School, and attach to this form.
3. Participation in the club requires that school appropriate behavior occur during all club practices or events, regardless of their location. The school administration reserves the right to remove students from the club due to inappropriate behavior.

Student Address and Parent Contact information:

Student Name: _____ Student Email: _____

Student Gender (circle one): Male Female

Student Age: _____

Student DOB: _____

Student Grade: _____

Address:

_____, _____, _____
Student Allergies: _____

Student Current Medications: _____

Student Special Needs or concerns: _____

Parent Name: _____

Parent phone: (Home) _____ (Work) _____ (Cell) _____

Emergency Contact Name: _____

Emergency Contact # _____

E-mail (work) : _____

E-mail (home): _____

Practice Outside of Cheldelin Participation:

I give permission for _____ to participate in club practices at the Adair and Willamette Park disc golf courses. I understand that I assume full responsibility for his/her transportation and participation. Transportation will not be provided by Cheldelin Middle School.

Parent Name: _____

Parent Signature: _____ Date: _____

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Picture/Video Authorization:

During the course of the year, we will be taking pictures and/or videos of our students. It is possible we may be sending some to the newspaper and some may be included on our web page. We would like your permission to include your child.

I, _____, the lawful parent or guardian of _____ give my permission to release any pictures taken of the above mentioned child, by the club volunteers to be included in any announcements, advertisements, and documents in the Cheldelin name.

or check here- _____: I do NOT authorize my child's image to be used.

AUTHORIZATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ the lawful parent or guardian of _____, A minor child of whom I have custody and control, do hereby authorize the agents and employees of the Corvallis School District Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and well being of said minor child at any time that such minor is in the custody of said Corvallis School District Board of Education employee in attendance at the Cheldelin disc golf club.

I further authorize the said agents or employees of the Corvallis School District Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, the Corvallis School District Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Signature of Parent/Guardian

Date

Other person to be notified:

Name _____ Phone _____

*Local phone # for emergency, please. Date of last Tetanus Booster Shot: _____

Insurance Carrier: _____ Policy # _____

Doctor _____ Phone # _____

Hospital _____

(Parent/Guardian Signature)

Date

Please return the completed form to Michael Krasilovsky (teacher) or to the front office

For more information:

Email is best: michael.krasilovsky@corvallis.k12.or.us

or call Mr. K at 541-757-3899

Note: be sure to check the website on www.mrkscience.com for club info and schedules!