

# Cheldelin Disc Golf Club Permission Slip

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, the last meeting for the fall being Thursday, December 17th. Meetings will be held in room 13, and practice will occur on field 5 at Cheldelin, with temporary courses setup around the campus. Occasionally, announcements will be made ahead of time that in lieu of meetings at Cheldelin, those who are able to carpool to the Adair Park or Willamette Park disc golf courses will be playing there, instead of at Cheldelin. Ideally this will be every Thursday, but is yet to be determined. The club will not meet when school is not in session.

## 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 will be notified in advance and 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. We will be making a scrap book with these pictures and 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.

## 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](mailto: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](http://www.mrkscience.com) for club info and news!**