

PERMISSION SLIP

I, the undersigned parent or legal guardian, grant permission for my daughter/son _____ hereinafter referred to as "participant", to participate in the **SHARP International**. In order that participant may receive the necessary medical treatment in the event of an injury or illness. I hereby agree to any such medical treatment and hold **SHARP International** and its representatives harmless in the exercise of this authority. I acknowledge and understand that participant may sustain serious, catastrophic physical injury, illness and/or death by participating in the **SHARP International**. I further assume the risk of such injury, illness and/or death and agree to participation.

I agree to indemnify and hold harmless the school/park and **SHARP International** including but not limited to all representatives, all staff personnel, and all administrators and/or the theme park, for any injury, illness, and/or death sustained by participant during the course of the competition. I further release **SHARP International** from any medical and legal cost which may arise due to injury, illness and/or death sustained by participant.

PLEASE CIRCLE THE EVENT THAT YOU WILL BE PARTICIPATING IN

School Event Magic Mountain Clipper Game Knott's Berry Farm

Las Vegas Sports Center Del Mar Fair Hawaii World Finals

Hurricane Harbor Sea World Pomona Fairplex

Extreme Summer Camp Private Day Camp at your site

Participant's Signature

Parent/Guardian Signature

School/Studio: Age:

Date: Home Phone: Work/Emergency Phone:

Address:

City, State, Zip Code:

Insurance Co.: Policy#:

Known Medical Conditions: (Seizures, Epilepsy, Diabetes, Etc.):

Email Address:

Please list on the backside of this form, any medication this participant is allergic to or is currently taking. If participant is on any medication, please make sure they bring their medication and take the prescribed dosage needed.

Bring This Paper To The Event, Please Do Not Fax It To Us

LOS ANGELES UNIFIED SCHOOL DISTRICT

PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of Hale Middle School, _____ has my permission to participate in the field trip to _____ on the following date:

Date _____

Departure: _____ AM Return: _____ PM

Lunch: _____

Method of Transportation: School Bus Private Auto Other

PARENTS, PLEASE NOTE:

Section 35330 of the California Educational Code states in part:

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

Accident insurance can be purchased for a minimal daily rate by contacting the school.

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity.

Parent's or guardian's permission signature Date

Authorization for Medical Care

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Student's Name
Home address
Home telephone number
Business telephone number of parent or guardian
Emergency telephone number
Authorization signature of parent or guardian
Date