

## STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

**Please Return This Completed Form by: ASAP**

Name of School: **AD RUNDLE MIDDLE SCHOOL**      Activity Date: **See Schedule provided by coaches**

*The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. Students who do not participate in field trips will be provided with supervised study.*

Purpose: **ADR SOCCER TEAM**

Departure Time: **See Schedule**    Return Time: **See Schedule**    Destination(s): **Various - See Schedule**

Travel Arrangements:     School Bus (1 Way)     School Bus (2 Way)     Walking     Parent Drivers

\*Transportation to games is provided. Players must arrange transportation home.

Cost to student: **\$20.00 Athletic Fee (if not paid already).**

Equipment:     Mouth Guard     Cleats     Other:

Students will need to bring:     Lunch     Weather Appropriate Clothing     Other: Snacks/Water

**Sponsor Teacher(s): Mr. S. Lightle**

**Supervision Provided by: Coaches: Mr. M. Rainkie & Mrs. A. Nelson**

*Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.*



Principal signature



**Sponsor Teacher(s) signature(s)**

I give \_\_\_\_\_ (full name of student) in CORE \_\_\_\_\_ permission to participate on the **ADR SOCCER TEAM**. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

**Student's Care Card Number:** \_\_\_\_\_

Medical Information (please include any medical or health concerns):

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Home Phone # / Work Phone # / Cell Phone #

Alternate (Local) Contact Name

Home Phone # / Work Phone # / Cell Phone #