

**\* E<sup>3</sup>Team: PERMISSION to Participate\***

**This form is to be filled out completely and returned to your child's teacher or Bonne Ecole's school office by Wednesday, September 18, 2019, before the student is allowed to participate  
A student may not participate without a permission slip already turned in.**

**The parent/guardian of \_\_\_\_\_ hereby gives permission for this student to participate in the E<sup>3</sup> team activities as long as the above requirements are maintained/adhered to.**

**Team members will be notified by Wednesday, September 25, 2019 by one of the team sponsors.**

\*\*\*\*\*

Student's name: \_\_\_\_\_

Student's grade: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Parent/Guardian's names: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mom's work phone: \_\_\_\_\_ Mom's cell phone: \_\_\_\_\_

Dad's work phone: \_\_\_\_\_ Dad's cell phone: \_\_\_\_\_

Emergency contact #1 \_\_\_\_\_ phone: \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_ phone: \_\_\_\_\_

As in all activities, there is some risk of injury. Every reasonable precaution will be taken to provide for the safety and care of the student. In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian.

I hereby authorize a representative of the Energizers jump rope team to make such arrangements necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician of the hospital to undertake such care and treatment as he/she considers necessary including hospitalizations, anesthesia, x-rays, injections and surgery. Furthermore, I understand that I will be financially responsible for any such treatment.

Please list and describe any medical condition or medical protocol we should know about:

\_\_\_\_\_  
I understand that it is each individual family's responsibility to transport or arrange transportation for their child to and from all practices and performances. I agree not to hold the St. Tammany Parish schools, sponsors, coaches, directors or anyone acting in its behalf, responsible for any injury occurring to the above-named student in the course of such extracurricular/co-curricular activities, including travel. I have read the above and agree to the conditions herein as the party responsible for the above named student, to all statements and terms. The information I have given is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participating student