

**BOAZ CITY SCHOOLS COMMUNITY EDUCATION
PERMISSION TO PARTICIPATE**

NAMES OF CHILD/CHILDREN
1.
2.
3.
4.

CIRCLE YES OR NO AND SIGN EACH LINE

I give permission for my child/children to participate in activities away from the facility, including transportation provided by the facility: <i>(I have been given and signed a Consent for Student Trip Form)</i>	Yes	No	Signature of parent/guardian	Date
I give permission for my child's/children's photograph and videos to be used for publication in newspapers, magazines, website, and publicity productions.	Yes	No	Signature of parent/guardian	Date
I give permission for my child/children to participate in computer activities, which includes the use of the internet.	Yes	No	Signature of parent/guardian	Date
I give permission for my child/children to participate in any swimming/wading activities.	Yes	No	Signature of parent/guardian	Date
I give permission for my child/children to watch movies rated G or PG.	Yes	No	Signature of parent/guardian	Date
I release the facility from responsibility of items brought from home.	Yes	No	Signature of parent/guardian	Date
I understand my child's/children's behavior must be acceptable during all facility activities. Disruptive behavior may result in dismissal from the program.	Yes	No	Signature of parent/guardian	Date
I will be responsible for my child's/ children's appearance according to the dress code as described in the Boaz City School Student Handbook.	Yes	No	Signature of parent/guardian	Date

IF YOU HAVE ANY SPECIAL INSTRUCTIONS REGARDING ANY OF THE ABOVE LISTED CHILDREN, PLEASE SPECIFY:

