

**Central Union High School District
REQUEST FOR STUDENT VOLUNTARY PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY**

Check one: Release to participate in - On-campus activity _____ Off-campus activity _____

_____ wishes to participate in
(Students Name)

on _____ from _____ am/pm to _____ am/pm
(Date) (Activity) (Date)

or during _____ from _____ to _____
(Semester or Season) (Date) (Date)

Transportation will be by _____
District vehicle, other, or not applicable (n/a)

*It is necessary that the parents specifically request that their child be included in this activity. This activity is voluntary. The school will furnish supervision for this event, but parents should understand that supervision would end at the time stated above. The school will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. **If you authorize your child to remain in the custody of another person after district provided supervision ends, specific written authorization must be given. No district supervision will be present once you authorize the release of your child to another person. The district cannot assume any responsibility for your child's welfare once direct district control and supervision ends.***

If you wish your son/daughter to participate in the above-described activity, please complete the request for participation form below, and return it to the school immediately.

PARENT REQUEST FOR STUDENT PARTICIPATION

This completed form must be returned to the school administration before student can participate

In consideration of permission granted I/we hereby waive all claims which I/we might have against the Central Union High School District or the State of California, their officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the described activity.

(California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.)

_____ Name of Student _____ Name of Activity

Scheduled for _____ from _____ am/pm, to _____ am/pm

or during _____ from _____ am/pm, to _____ am/pm
Season

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

_____ Date signed

_____ Signature(s) of Parent(s) or Guardian

_____ Daytime phone number