

Parental Consent Form

We recognize the level of interest and commitment of some students in organizing

(name of activity)

Please be advised that this activity will be run by a qualified volunteer(s).

By signing this waiver, you fully understand that the activity will be coached/monitored/guided by a qualified volunteer, with the presence of school staff. The volunteer supervisor will have access to the student's medical and parental contact information as is required.

The qualified volunteer will assume all responsibilities for: permission/medical forms, participant selection, registration, fee collection, where applicable, administration, conduct, transportation, and activity schedule.

By consenting to your son or daughter's involvement in this activity, you understand that there are inherent risks in any activity. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in any activity. Please call the school to discuss safety concerns related to this activity in which your son or daughter wishes to participate.

I GIVE MY CONSENT TO _____
(student's name)

from _____
(name of school)

to participate in _____
(name of activity)

Student's Name: _____ Grade: _____

Parent/Guardian Name: _____

Signature

Date