Athletic Development and Wellness Program PERMISSION FORM

Return this Form to your Middle School Athletic Director with payment.

 Event: Athletic Development & Wellness
Date: Beginning Monday, February 13 through Thursday, March 23, 2017 (Mondays-Tuesdays-Thursdays only)
Destination: Lake Central High School
Cost: \$60.00 (Checks should be made out to Lake Central Athletics)

This is to certify that ______ has my permission to ride the

(Student's Name & Grade)

bus from his/her middle school to Lake Central High School during the above stated dates to participate in the Athletic Development and Wellness program. I understand that by granting this permission, my child will be required to report to the assigned after-school bus and remain with the LCHS supervisors until the end of each session unless retrieved by a designated parent/guardian. I also understand the following:

- Students will only be allowed to travel home with a parent/guardian designee.
- Any discipline issues will result in consequences from the administration, including consideration for suspension/expulsion.
- > Any illegal activities, such as drug or alcohol offenses will result in notification to Police.
- Daily absences need to be reported to the middle school athletic director or program coordinator.

Also, I		agree to release Lake Central
	(Parent's Name)	

School Corporation and its employees from all liability with reference to the above stated transportation, in view of the fact that this is an educational institution, in which participation in this activity is voluntary, and having full confidence that every precaution will be taken to ensure safety and well-being of my child in this activity.

Parent(s) Signature:	Date:
Student Signature:	Date:
Name of Attending Middle School:	
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Mother Name:	Cell #:
Father Name:	Cell #:
Alternate Contact:	Cell #: