

School Activity
Parental/Guardian Consent Form and Liability Form
Colts Get Fit
2011

Dear Parent(s)/Guardian(s),

Your son or daughter is invited to participate in an after-school program titled “Run/Walk Program”/ “COLTS GET FIT/FIT FOR LIFE” This activity will involve walking or running/jogging around the school grounds and on the sidewalks of the surrounding area. The goal of this program is to continue to increase awareness of the importance of physical activity in improving one’s health in a structured, supervised and non-competitive environment. The focus is on fun and personal accomplishment. This activity is open to any student, parent, teacher and faculty member at anytime the activity is scheduled. This is an endeavor of the School Wellness Council and will be evaluated as necessary for improvements.

*If you would like your child to participate in this activity, please complete and sign the following statement of consent and release of liability. (As parent or legal guardian, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student). (As a student, you remain subject to any disciplinary action that may result from personal actions that are not in compliance with the rules of the school). The volunteers will only be available to supervise the children that stay for the fitness program. Other children after school who are not participating in the program must find proper supervision and not interfere with the students participating in the program. Children must also have a plan for transportation home once the activity is completed and not stay on the school/church property unsupervised.

* As this is a physical activity, your child needs to wear appropriate shoes (gym shoes), socks and temperature appropriate clothing. The student also must follow safety guidelines as directed by the volunteers and not to trespass on other’s personal property while walking/running past their homes/vehicles. Failure to follow the above safety rules and proper attire may result in the student missing the day’s activity and future activities. This is a Christian atmosphere and we will expect that all those involved respect each other and other’s property and represent themselves and St Catherine in a positive manner.

*******Please read and complete the back permission slip portion of this consent and liability form and return to the school office. Thank you.**

I hereby request that my child/children (PLEASE INCLUDE LAST NAME WITH CHILD/CHILDREN ON THIS LINE):

be permitted to participate in this activity described above. I understand that this activity will take place away from school grounds and that my child/children will have adult supervision. I realize and agree to indemnify St Catherine School and its representatives from any accident in which my child may be involved or any injury to my child that may occur in connection with this activity. I consent to the conditions for participation in this activity and have read the above information. I recognize that I remain fully responsible for any legal liability resulting from actions by my child.

***Student Participation:** By signing below, you also verify that your child understands the rules of conduct specified by the school and agrees to abide by them as well as the directions of the designated supervisors of this activity.

***Medical Matters:** I hereby warrant to the best of my knowledge that my child is in good health and I assume all responsibility for the health of my child. If my child requires emergency care, I hereby grant permission to contact emergency services as well as parent/guardian. If my child is taking medication, he/she will bring all such labeled medicines as necessary with proper administration directions for child or volunteer.

***Student Responsibility:** The above named student will inform the volunteer if they feel sick, weak, dizzy, nauseous or has pain or other concerns at anytime during the activity. They will not participate in the activity if they have been feeling ill during the school day or have not properly eaten/drunk during the day.

Parent/Guardian Signature _____ Date _____
Phone: _____
Alternate Emergency Contact _____ Phone _____

Any other information (for example medical information) the volunteers should know about your child to help them be safe, have fun and successful?
