PARENT'S APPROVAL FOR MINORS & PARTICIPANT WAIVER

Participant's (Your child(ren) Name:						
Event: ALL SEASIDE PTA SPONSORED	<u>EVEN</u>	NTS				
On: <u>SEPTEMBER 2018 – JUNE 2019</u> (date)	at _	SEASIDE ELE!	<u>MENTAR</u>	<u>Y</u>		
I, the undersigned participant (or pa discharge any and all rights, claims and and district PTAs and all of their office injury in connection with participation participant is a minor, the undersigned minor's participation in the event.	actions ers, din in th	s against the Cal rectors, membe is activity, unles	ifornia St rs and vo ss caused	ate PTA, ir plunteers f I by the n	ncluding a for any d egligence	all unit, council, lamage, loss or e of the PTA. If
I do hereby certify that to the best of a physically fit and able to participate in participating in any athletic event. In the examination, anesthetic, medical or detransportation considered necessary in and performed under the supervision furnishing medical or dental services. assume full responsibility for any such a	this everental of the bear of a lt is f	rent. I acknowle nt of illness or in diagnosis or tre est judgment of th member of th further understo	dge that jury, I do eatment a che atten e medica	I am aware hereby co and hospit ding physic al staff of agreed th	e of the innsent to cal care a care a care a care a cian, surg	nherent risks in whatever x-ray and emergency geon, or dentist pital or facility
I hereby advise that the above named physical condition which should be participation.	-	•		-		
If none please write none.						
Signature (parent/guardian if participant is a r	minor)		 Date			
			()		
Print Name			Phone			
Address		City	<u> </u>	tate	Zin	<u> </u>

MUST FILL OUT AND RETURN TO PARTICIPATE IN ALL PTA EVENTS AT SEASIDE