

SAN DIEGO UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR STUDENT PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY

_____ wishes to participate in
(Student's name)

Academic League - Round 1
(Activity)

on September 25th from 2:00 a.m. to 6:00 a.m. or p.m. p.m.

during Semester from September 25th to September 25th
(Semester or Season) (Date) (Date)

Transportation will be by Car
(Chartered bus, private car driven by school employees, parents, or students)

It is necessary that the parents specifically authorize that their child be included in the activity. Supervision for this event will be furnished by the school, but parents should understand that supervision will end at the time slated 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. Low cost student accident insurance is available; also, additional low cost insurance is available for students participating in interscholastic athletics. Please call or write the school office for information.

Cold sack lunches are available from the school cafeteria. Students who qualify may receive meals free or at reduced price.

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.


Activity Sponsor


Principal

(Tear on dotted line and return lower portion.)

PARENT AUTHORIZATION FOR PARTICIPATION

I, the undersigned, authorize my son/daughter _____
(Name of student)

to participate in Academic League - Round 1
(Name of activity)

scheduled for Semester 1 from September 25th a.m. to September 25th 6:00 a.m. or p.m. p.m.
(Semester) (Date) (Date)

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

California law (Education Code Section 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.

Date Signed

Signatures of Parent(s) or Guardian(s)