



Get ready for an incredible
Movie Night
Hosted by the 2018 Student Council

Join us on

Friday, September 23rd from 6-8:30!

Who: Kindergarten to 4th graders. It is required that a parent or a guardian attend, and siblings are welcome too as this is a fun family activity. Please be sure to fill out a health form for each FRCS child who is attending.

Cost: Free! Seats are first come first serve so hand in your permission slips ASAP. Food and drinks, including pizza and other snacks will be sold at \$1 a piece.

Where: Foxborough Regional Charter School's cafeteria. Please enter through door F.

For any questions, comments or concerns, please contact Hayley Harrison (hayleyharrison10@gmail.com), Ms. Gould (mgould@foxboroughrcs.org) or Ms. LaRouche (blarouche@foxboroughrcs.org)



The Foxborough Regional Charter School
131 Central Street
Foxborough, Massachusetts 02035
Tel: (508) 543-2508 Fax: (508) 543-7982

Consent to Participate and Waiver and Release of Liability

In consideration of being allowed to participate in the **Family Movie Night** on **September 23, 2016** from **6:00 PM – 8:30 PM at Foxborough Regional Charter School** and to all and any activity associated with the **Family Movie Night including** but not limited to use transportation to and from the activity, preparation for and from conclusion of the **Family Movie Night** The undersigned acknowledges, appreciates and agrees for myself or as parent/legal guardian of _____ that:

- 1) The risk of injury from the activities involved in this event may be significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I knowingly and freely assume all such risks, both known and unknown, even in arising from the negligence of the releases of others and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for and all safety conditions including participation, I will remove myself from participation and bring such to the attention of the nearest school or public official immediately; and,
- 4) I, for myself and on behalf on my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the parent connection group of the Foxborough Regional Charter School, their officers, officials, agents and /or employees, and other participants, "Releasee" with respect to any and all injury, damage to person or property, whether arising from the negligence of the releases or otherwise.

For Participants of Minority Age
(under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, and am legally competent to sign this affirmation and release do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement of participation in these programs as provided above, even if arising from their negligence and also give my permission for child to participate in_____.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian's Signature

Emergency Phone #

Date Signed: _____

The Foxborough Regional Charter School
131 Central Street
Foxborough, MA 02035
Telephone: (508) 543-2508 Fax: (508) 543-7982

Emergency Medical Treatment Release Form

As parent/legal guardians of _____, a student at the Foxborough Regional Charter School, we authorize the treatment by a licensed medical provider in the event of a medical emergency which, in the opinion of the attending medical provider, may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort if delayed, or necessary under the attending circumstances.

The following information is needed by any hospital or provider not having access to the said child's medical history:

1. Allergies: _____
2. Medication being taken: _____
3. Date of last tetanus shot: _____
4. Physical impairments: _____
5. Chronic Illnesses: _____
6. Other pertinent facts regarding child's health: _____

Insurance Provider: _____ Policy # _____

This consent is valid while the child is participating in and traveling with the Foxborough Regional Charter School.

This consent is signed for the sole purpose of authorizing medical treatment under emergency circumstances in our absence.

Mother/Guardian : _____
Address _____
Telephone (home): _____
(work): _____
(cell): _____

Father/Guardian : _____
Address _____
Telephone (home): _____
(work): _____
(cell): _____

The emergency medical release form allowing my child to participate in the Foxborough Regional Charter School _____ has been signed on this day by us, the parents/legal guardian of the above-referenced child, on _____.

Mother/Guardian Signature: _____

Father/Guardian Signature: _____



**FAMILY MOVIE NIGHT
GRADES K TO 4
SEPTEMBER 23, 2016
6:00 TO 8:30PM**



Permission Slip due to the 2018 Class Council by September 19th. Please return to homeroom. Limited space available please return to homeroom ASAP to ensure spot.

Sibling's welcome. 1 permission slip per each FRCS child in attendance.

Child's Name: _____ Grade: _____

Number of siblings attending: _____

Is a parent attending (Please check one): 1 _____ 2 _____

I agree to let my child attend the Family Movie Night (grades kindergarten to 4th), and will pick up my child at 8:30 pm from Door G promptly.

Parental Signature: _____ Date: _____