

PERMISSION SLIP/ Sign Up Form for Challenge day
FOR JUNIORS ONLY

The goal of the Challenge Day Program is to build community and to help stop teasing, violence and alienation that is so deeply a part of the school experience for millions of young people each day. Challenge Day is a powerful and transformational day that can change the way people view each other forever. Challenge Day is a day of fun, friendship and new possibilities.

Please rank your preference of days you would like to participate. If you can't participate on a certain day please indicate that as well:

Monday November 14 (A Day) _____

Tuesday November 15 (B Day) _____

Wednesday November 16 (A day) _____

Desired T- shirt size _____

Are you vegetarian? Please indicate here for vegetarian meal _____

Check in on Nov 14 and 15 is at 7:45am in front of the GYM. Check in on Wednesday Nov 16 is 8:45am in front of the GYM. The student will be in the gym the ENTIRE DAY and will be released at 2:45pm. **Students MUST attend the ENTIRE day** – there is no leaving early for ANY REASON (sports included)

First day to turn in your forms:

October 17th – October 28th you can turn in this application to the counseling office.

We only have **300 Spots** so please come quickly and time stamp your sheet to get your spot in Challenge day!

I give my permission for my child/ward to participate in the Challenge Day Program. I understand that the event is not required and that my child's/ward's participation is voluntary. I further understand that Challenge Day and the sponsoring school/ organizations, its officers, employees, or agents assume no liability either directly or indirectly for injury or accident resulting from or in any way connected with this event.

I understand that the Challenge Day Program will deal with a wide range of issues such as leadership, self-esteem, social oppression, drug abuse, violence, racism, and teasing. I also understand that the program will be fun, empowering, eye-opening and emotional. I have read the attached letters and discussed confidentiality with my child and support their participation. I further understand that my child/ward may be invited to participate in future Challenge Day Programs at their school, that members of the media may be present at this event and that my child may be photographed, interviewed or quoted as a participant.

I have carefully read this statement and fully understand its contents. I am aware that this is a release of liability of Challenge Day and the sponsoring school/ organization, its officers, employees or agents.

I give my permission for my child/ward (name) _____

to participate in the Challenge Day to be held at :(location) _____ on (date) 11/14 or 11/15 or 11/16

Parent Name _____

Parent Signature _____

Phone Number () _____ - _____