



Name of Child: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent email \_\_\_\_\_

Telephone Number where Parent/Guardian can be reached during event:

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in

\_\_\_\_\_.

In addition, I do hereby waive, release and hold harmless the Colts Neck PTO, its officers, teachers and volunteers for any injury that my child may suffer in the course of participation in the designated activities. In the case of serious accident or illness, I request to be contacted at the telephone number listed above. If I am unreachable, you are authorized to treat my child according to standard emergency procedures.

Does your child have any dietary restrictions? If yes, please explain:

\_\_\_\_\_

If your child has a health condition, including a severe allergy or special need, a parent or guardian must be in attendance at the event.

I understand that this event will be governed by the disciplinary guidelines set forth in the PTO Student Activity Procedures, a copy of which is available on the PTO website ([www.coltsneckpto.org](http://www.coltsneckpto.org)).

Name of Parent/ Guardian \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_

Payment type - - Cash/Check/Venmo

Venmo ID \_\_\_\_\_

If you are a PTO member and you wish to volunteer, please check here. \_\_\_\_\_

(You will be notified if needed.)

