



Name of Child: _____

Homeroom Teacher: _____

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 the 8th Grade End of Year Dance, June 14th, 2019 at Colts Neck Fire Company: 50 Conover Rd, Colts Neck, NJ 07722. 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 below. 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 contact Krista McCabe at kmccabe2006@aol.com or text to 917-597-0892.

I understand that this event will be governed by the disciplinary guidelines set forth by the Colts Neck School District and in the PTO Student Activity Procedures.

****No outside food or drinks permitted.****

****All children must be signed in and out of this event.****

****Students may not leave the hall during the event unless a parent signs them out.****

****NO CELL PHONE USE DURING EVENT****

****This is a closed event. Only 8th Grade Cedar Drive Students may attend.****

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Phone # where Parent/Guardian can be reached during event: _____

**** Permission Slips due to HR teacher by May 18th, 2019****

**Please submit check for \$15.00 with permission slip,
payable to Colts Neck PTO.**