



*New participants will be given 1st priority. Returning students will be able to participate as space allows.



Student's Last Name _____ Grade _____

Student's First Name _____

Challenge Day March 2010 Permission Slip

Please return this form to the Challenge Day Box or to Mrs. Hayes in the main office

NO LATER than

Wednesday March 3rd

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/organization, 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 letter and have discussed confidentiality with my child/ward and support his/her participation. I further understand that my child/ward may be invited to participate in future Challenge Day Programs at his/her school, that members of the print and film media may be present at this event and that my child/ward may be photographed, interviewed or quoted as a participant in this program.

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 Northgate High School, its officers, employees or agents.

I give my permission for my child/ward _____ to participate in Challenge Day to be held at Northgate High School on

Monday March 29 (11th & 12th grades) & Tuesday March 30 (9th & 10th grades), 2010.

Parent Name (please print) _____

Parent Signature _____

Phone Number _____

Parent E-mail _____

Student's T-shirt size: _____