

**\*\*\* PLEASE SIGN BOTH SIDES OF THIS PERMISSION SLIP \*\*\***

WESTSIDE UNION SCHOOL DISTRICT

41914 50th Street West

Quartz Hill, Ca. 93536

**DANCE DRESS CODE**

**General school dress code or Halloween dress code applies.**

**See details in announcements for Halloween dress code.**

**VOLUNTARY ACTIVITIES PARTICIPATION  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, X to participate in the District-sponsored activity of: **2019 GRAVEYARD GALA on Thursday, 10-31-19 1:45 pm – 3:45 pm**

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 5. Paralysis             |
| 2. Fractured bones           | 6. Loss of eyesight      |
| 3. Unconsciousness           | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death                 |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

X  
**Parent/Guardian**

X  
**Date**

X  
**Student Signature**

X  
**Date**

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District Risk Management Department, and a copy must be kept on file at the school site before a student will be allowed to participate in the above extra-curricular activities.

RM-7 7'01

**ALL ITEMS NOTED WITH AN "X" ARE TO BE FILLED IN!**

**\*\*\* INCOMPLETE FORMS WILL NOT BE ACCEPTED! \*\*\***

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**WESTSIDE UNION SCHOOL DISTRICT**

41914 50<sup>th</sup> Street West  
Quartz Hill, Ca. 93536

**PARENT/GUARDIAN VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND  
MEDICAL AUTHORIZATION - MINOR**

Dear Parent/Guardian:

Completed and signed permission slips may be turned in to **the office until October 18<sup>th</sup> or during sales at the ID window during lunch October 21<sup>st</sup> – October 30<sup>th</sup>.**

X \_\_\_\_\_ has my permission to participate in the following voluntary activity:  
(Student's name)

**2019 GRAVEYARD GALA**

**STUDENTS WILL NOT BE ALLOWED ENTRY TO THE DANCE WITHOUT A COMPLETED  
PERMISSION SLIP.**

Destination: **Hillview Middle School Gym**

Departure **Date & Time: Thursday 10-31-19 1:45 pm – 3:45 pm** Return Date & Time:

Type of **Excursion**/Field Trip : **XX** one time; \_\_\_overnight; \_\_\_series of trips; \_\_\_abroad.  
(Please check one of the above.)

Transportation by: \_\_\_ AVSTA; \_\_\_ Private Vehicle - Driver \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I understand that I hold the Westside Union School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parents/guardian.

Parent/Guardian Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

Address: X \_\_\_\_\_ Phone: X \_\_\_\_\_

Student Signature: X \_\_\_\_\_ Date of Birth: X \_\_\_\_\_

Medical Insurance Carrier: X \_\_\_\_\_ Policy No. X \_\_\_\_\_

Address X \_\_\_\_\_

**A special note to Parent/Guardian:**

- (1) All medications must be registered on this form;
- (2) All medications except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
- (3) Check here \_\_\_\_\_ if there are special problems that the staff should be aware of and no drugs are required on the trip;
- (4) If any medications are to be taken by student, or if they have a special medical problem, notify the school nurse.

X \_\_\_\_\_  
List medications here

**ALL ITEMS NOTED WITH AN "X" ARE TO BE FILLED IN!**  
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