



MEMORIAL HIGH SCHOOL MARKETTES

Spring Branch ISD, 955 Campbell Rd, Houston, TX 77024
Parent Permission and Release of Liability for Students Participating in Trips

I understand that students on trips are subject to school rules, including the *Student/Parent Handbook, SBISD Discipline Management Plan and Student Code of Conduct*, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby grant my son/daughter/ward my permission to attend and participate in any and all activities which are a part of the Markettes organization at Memorial High School. I understand that the class and study trip activities will be supervised by adult leaders, and I also understand that my son/daughter/ward will be responsible for all of his/her expenses connected with the course and/or its study trips.

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries which might be received during class activity, on trips or in traveling to and from such trip destinations, except for those which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

Parent/Guardian signature

Date

Hospitalization Coverage for the Above Named Student

Insurance Company: _____

Identification or Group Number: _____

Coverage verification phone #: _____

Family Physician Name: _____

Family Physician Phone Number: _____

Insurance Waiver Statement (complete this section if you do not have insurance)

Where no proof of insurance is established, it is understood that the parents of the student must assume legal responsibilities for expenses incurred for injuries to students that occur during co-curricular and extracurricular activities. **I have read and understand the insurance waiver statement.**

Parent/Guardian signature

Date

**SBISD Student Medical Information and Medical Authorization Form for
Students Participating in Trips**

Medical History:

Allergies (include drugs): _____

Asthma: _____

Epilepsy: _____

Heart Disease: _____

Other: _____

Special health or dietary needs: _____

Prescription medications (list all the student is currently taking):

Other medications: _____

I/We, being the parent(s) or legal guardian(s) of the student named on this form, a minor, do hereby appoint an agent of SBISD from Memorial HS to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization during a period of my/our absence during any band trip or during any band activity. This authorization is given with my/our understanding that attempts will be made to contact me/us prior to the administration of treatment for any non-life-threatening situation/condition utilizing the contact information that I/we have provided.

I agree to accept responsibility for all authorized doctor, hospital, and medical expenses incurred on any trip.

This document shall be presented to appropriate personnel at such time as emergency medical, dental, surgical care, or hospitalization may be required.

Parent/Guardian signature

Date

IN CASE I CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

Spring Branch ISD
101920

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

EXHIBIT C

Heather Boerke
Teacher Name

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
955 CAMPBELL ROAD, HOUSTON, TEXAS 77024
PARENT PERMISSION AND RELEASE OF LIABILITY FOR
STUDENTS PARTICIPATING IN TRIPS

_____, a student at Mamou High School,
Name School

has my permission to travel via school-arranged transportation to FOOTBALL GAMES + CONTESTS
Location

on ALL PERFORMANCE DAYS, departing at TBD and returning at TBD
Date

to participate in MARSHES
Activity

I understand that students on trips are subject to school rules, including the student/parent handbook, SBISD Discipline Management Plan and Student Code of Conduct, concerning dress and conduct, and that failure to abide by these regulations may result in disciplinary action. **Failure to follow these regulations may result in a student being sent home immediately at the parents' expense.**

I hereby release the Spring Branch Independent School District (SBISD) and all its supervisors, employees, volunteers, and/or representatives from any and all liability and/or claims and/or cause of actions individually or collectively, for any damages or injuries that might be received during class activity, on trips, or while traveling to and from such trip destinations, except for those for which SBISD, its supervisors, employees, volunteers, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

In order to participate in this trip, each student must have written permission from the parent/guardian.

Please sign below to grant permission for your child to go on this trip.

Signature of Parent/Guardian Date

Date

Special health or dietary needs: _____

In case of emergency, please contact:

Parent/Guardian Name (printed)

Phone Number

Name (printed)

Phone Number

The teacher or sponsor will attach the most current Medical Authorization Form for Trips to this document. (Parents: please keep this information updated.)

DATE ISSUED: 5/19/2010
LDU 2010.06
FMG(EXHIBIT)-X

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MARKETTE BUS PERMISSION SLIP

I, _____, hereby give my permission for my child, _____, to ride the bus from Memorial High School, to our designated destination, and *back to Memorial High School*. I know that my child will be under adult supervision at all times. I realize and accept that the director, Memorial administration, and/or any SBISD employee will not be responsible in case of an emergency. I realize that all members will get on the bus at Memorial High and ride to the event, and return by the bus back to Memorial High. If for some reason the child can not ride the bus either to or from, the Director(s) must have a written note **BEFORE** the event. Furthermore, the Directors will only release the child to her parent(s) and must see the parent(s) pick up the child *IN PERSON*.

_____ Date
Parent Signature

_____ Date
Markette Signature

_____ Date
Director(s) Signature

MARKETTE GENERAL PERMISSION SLIP

I realize that Markettes are asked to attend and participate in many functions, activities (line camp lunch), and community service. Drill team is not considered a U.I.L. activity; therefore transportation can be costly and unavailable. Hence, members are required to car pool with other members and/or the director from time to time. I give my permission for my child, _____, to ride in other member's and/or the Director's car. I further realize and accept that the driver, directors, Memorial High School Administration, and/or S.B.I.S.D are not held responsible in case of an emergency.

Parent Signature

Date

Markette Signature

Date

Director Signature

Date

MARKETTE OATH

Being a Memorial Markette, I have made an oath to follow the rules, regulations, and standards set forth in the dance team constitution as well as to uphold the standards of Markettes. As part of these rules, regulations, and standards, I have agreed not to indulge in any alcoholic beverages or tobacco products, or to take part in any kind of illegal activities. I,

_____, understand that board policy, and school policies do not allow such behavior, either will Markettes. Therefore, I agree to have no association with such activities as long as I am a Markette. I also understand that immediate dismissal from Markettes will occur if I associate myself with such activities.

Markette Signature

Date

Parent Signature

Date

Director's Signature

Date

Markette Photography Permission Slip

I, (print name) _____, parent or official guardian of
(student's name) _____ hereby grant permission for
parents and/or representatives of the Markettes Boost Club, Inc (MBCI) to take photographs and/or
digital images of my child for use in the MBCI publications and/or websites, and/or for sharing among
Markettes students and their families. I agree that my child's name and identity may be revealed in
connection with the image(s). I authorize the use of these images without compensation to me.

Date

Signature of Parent or Guardian

Crowd Pleaser Dance Camps, Inc.
Camp Waiver Form

A school sponsored dance/drill team activity of choreographic instruction and performance has been scheduled by your child's director/sponsor for the period of 8/4/17 through 8/5/17. A teacher or adult sponsor will be in attendance during this activity. If you wish your child to participate in this event, please sign the permission slip below and return it to the teacher/sponsor. If necessary additional information concerning this activity may be obtained by calling (713) 251-2647.

HEATHER BOERKE
Director/Sponsor

MARKETS
Organization

The undersigned, being the parent or legally appointed and qualified guardian of _____ does hereby consent to said student's participation in the school-sponsored activity of dance/drill team instruction and performance. I herewith authorize the director/sponsor to secure medical services for said student, if necessary. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. I further agree to indemnify and to hold harmless the Spring Branch School District, the MARKETS Booster Club, HEATHER BOERKE (director), S. Kay Gabrysch, Kristina M. Cross and/or their Instructors, and Crowd Pleasers Dance Camps, Inc., who will conduct the activity, from and for all liability for any injuries which said student may receive while participating in or while traveling to and from such event, **including injuries caused by the negligence of any associate of Crowd Pleasers Dance Camps, Inc.**

I have listed below any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

Date

Signature

This form must be filled out, signed and returned prior to the student being allowed to participate. Approval may not be obtained by telephone.