

# Amazing gRace 2019 Permission Slip

## Student Information

First & Last Name \_\_\_\_\_

Student Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

## Parent/Guardian Information

First & Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I request that Totino-Grace High School allow my son/daughter participate in the Amazing gRace on Friday, April 5 from 6:30 to 8:00 p.m. I give permission for him/her to take part in all activities associated with the event. I understand that the students will have the opportunity to socialize and participate in activities. The purpose of this event is to offer students in grades 6-8 a chance to meet other students and become more familiar with the Totino-Grace community. In consideration for my child's participation in this event I agree to hold blameless the school and its faculty and staff for any accident or injury which may occur during this event. I also agree that all school roles are in force for the duration of the event.

Signature \_\_\_\_\_ Date \_\_\_\_\_