



**MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT
STUDENT PERMISSION SLIP TO PARTICIPATE
2024-2025 Larson Junior Native Youth Olympics Club - Grades 1-5**

School: Larson Elementary

Student Name: _____

\$30.00 Activity Fee : Cash/Check/SchoolPAY (please circle one)

Activity/Event: Junior Native Youth Olympics

By signing and returning this permission slip, I acknowledge that I am responsible picking my student up at 5:00pm.
Practices 4:00-5:00pm Each Day

A team will be selected to compete in the games in February in a Matsu sponsored event, dates TBA.
A team will also be selected to compete at a state meet Anchorage in February, dates.TBA.

Practice Dates:

- 1st -5th Grade Practice – Tuesday and Thursday Starting Tuesday November 26th -TBA
- Start Time: 4:00 PM - End Time: 5:00 PM
- NO PRACTICE WHEN SCHOOL IS NOT IN SESSION
- Fees: \$30.00
- Location: Larson Elementary Gym
- Things to bring: Comfortable tennis shoes are mandatory! Clothing that allows movement.

As the parent or guardian of this student, I hereby release, waive, discharge, and agree to hold harmless the Matanuska-Susitna Borough School District, its agents, officers, employees, and volunteers from all liability to me, my spouse, or my child for any and all loss and personal injury, including injury resulting in death, unless the damage and personal injury has been caused by the sole negligence of the agents, officers, employees, or volunteers of the Matanuska-Susitna Borough School District.

My child is covered under the following insurance policy:

Insurance Company Name _____ Policy # _____

Student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

I understand that accidents may occur. If first aid is required, it may be provided by school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse and the above named child any liability of the school district and of its agents or employees arising out of such medical treatment. I have read this release carefully and agree to allow my child to participate.

Parent Signature Date Teacher

Emergency Contact: _____

Phone: _____

Special instructions or information regarding my child _____

