**KANSAS CITY KANSAS PUBLIC SCHOOLS**

**ACTIVITY CONSENT FORM AND LIABILITY WAIVER**

**RETURN THIS FORM BY TUESDAY, MARCH 20TH TO YOUR BUILDING ESL STAFF**

**THIS SIDE IF YOU ARE NEEDING TRANSPORTATION – BACK IF YOU WILL PROVIDE YOUR OWN**

**Event**: Saturday Family Language Academy **Event Time**: 8:30a.m. to 12:30p.m.

**Dates**: March 24, 2018, March 31, 2018, April 7, 2018, April 14, 2018, April 29, 2018, May 5, 2018 and May 12, 2018

**Location of Event**: Hazel Grove Elementary – 2401 N 67th Street, Kansas City, KS 66104

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Minor Child’s Name** | **Birthdate** | **Car Seat Needed?** |
|  |  | YES or NO |
|  |  | YES or NO |
|  |  | YES or NO |
|  |  | YES or NO |

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City, State Zip Code

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Middle School Location for Pick Up / Drop Off \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that transportation will be provided to the Event by Unified School District No. 500, Kansas City Kansas Public Schools.

I voluntarily agree to participate in the Event and understand and hereby consent to be transported to and from the Event in transportation provided by Unified School District No. 500, Kansas City Kansas Public Schools.

In consideration of Unified School District No. 500, Kansas City Kansas Public Schools allowing me and my child(ren) participation in the Event, I agree on behalf of myself and my child(ren) named herein, and/or our heirs, successors, and assigns, to release, indemnify, hold harmless and defend all directors, officers, agents, representatives, volunteers and employees of Unified School District No. 500, Kansas City Kansas Public Schools with respect to any and all liability for any accident, injury, illness or death sustained by me or my child(ren) named herein in connection with or while participating in the above Event.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed dentist, physician and/or surgeon as deemed necessary for me or my child’s safety and welfare. It is understood that the resulting expenses will be my responsibility and not the School District. Any parent/guardian riding must sign below.

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Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**NOTE: IF YOU ARE PLANNING ON ATTENDING, BUT DO NOT REQUIRE TRANSPORTATION VIA THE DISTRICT, PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM AND RETURN TO YOUR BUILDING ESL STAFF**

**We plan on attending the Saturday Family Language Academy,**

**but do not require transportation provided by the District.**

**Return this form to your building ESL staff by Tuesday, March 20th.**

Please list all members of the family that will be participating in the Academy below:

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Minor Child’s Name(s)** | **Birthdate(s)** |
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