

2009 Jog-A-THON *Round 'Em Up Gauchos!*

Parent Approval & Student Waiver

On October 23rd, 2009 Rancho Canada PTA will hold its primary fundraiser for the school year 2009-10. Your child can walk, run, or dance their way to earn valuable funds to keep our PTA sponsored school programs rolling. The following release is required so that your child may participate in this fun event. Additional information will be coming home with your child after our kick-off on **Tuesday, September 22nd.**

Student's Name: _____

Teacher: _____

Please check one:

My child will be walking, jogging, or running in the 2009 Jog-A-Thon. I will support my child in obtaining pledges that help support Rancho Canada Elementary School.

My child will not be walking, jogging, or running in the 2009 Jog-A-Thon. (Please note your child may still collect pledges as a flat donation to the school and still be eligible for prizes.)

Parent/Guardian Signature: _____

*****PLEASE DO NOT SEPARATE*****

I hereby authorize _____ to participate in this Rancho Canada event as scheduled below:
(Student Name)

Date: *Friday, Oct 23rd, (Rain Date to Be Determined)*

Place: *Rancho Canada Elementary School – Field*

Time: *30 - minute period between 8:40 a.m. and 1:30 p.m . (schedule to follow)*

I, (We), as parents or guardian(s) of the minor, do hereby, for my (our) _____ myself, my
(Son//Daughter)

(our) heirs, executors, and administrators, remise, release, and forever discharge Rancho Canada PTA, Saddleback District PTA, 4th District PTA, the California State PTA, and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred, I hereby certify that the minor is our _____ and that his/her date of birth is _____, and I

(Son//Daughter)

(Date)

(we) hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions, or unusual physical condition which, should be made known to treating physician.

Medical Condition: (If "none" write the word "none".): _____

(Parent/Guardian Signature)

(Print Name)

(Address)

(City) (Phone)