## **Campus Club Permission Slip**

Student Name:	Name of Club: Career Development
Hosting Teacher: Mr. Masino	
Description of Club: <u>Students meet to learn about Care</u> Time of Club Meetings: Monday or Wednesday during	
<u>Transportation-</u> No transportation is provided. Students are the club meets after school, students need to be picked up supervision after the club. If a student does not have a ride	within 15 minutes of the end time of the club. There is no
IMPORTANT INFORMATION:	
from all claims arising from the student's participati for which the School District would otherwise be lia Academic Excellence (District 49 Schools) Colorad 2. I understand and give full authority for the School E	
<b>INSURANCE</b> - I understand the School District does not purhospitalization to cover injuries or loss of life of students, da parents/guardians for any expenses in connection therewith by the parent/guardian.	
<b>EXPECTED STUDENT CONDUCT-</b> Students from District responsibility to maintain the same behavior standards exp consequences for breaches of such standards just as though	ected of them while they are in school and are subject to
As parent/guardian of the above named student, I/we have to participate in the above identified activity.	read the above and do hereby grant permission for him/her
Parent/Guardian Signature	Date
Best phone number to reach parent/guardian during club	Student phone number (not required)