

iWalk

Hillcrest Green Walk & Carnival

Permission Slip and Volunteer Form – Due Friday, April 1st

Grade: _____

Teacher: _____

Name of Minor : _____ has my (our) permission to participate in the PTA sponsored event, The Hillcrest Walkathon and Carnival, an event sponsored by the Hillcrest PTA, on Saturday, April 30, 2011 from 9:00 a.m. – 3:00 p.m. at Hillcrest School. The undersigned parent or guardian assumes all risk in connection with the student's participation. I hereby release and discharge the California State PTA, the Hillcrest PTA, all PTA officers, employees and agents from all liability, claims or demands for any damages, loss of injury to the student, the student's property, or parent's property in connection with participation in the activity, unless caused by the sole negligence of the PTA.

I do hereby certify that to the best of my knowledge and belief that said minor is in good health and is fit enough to walk laps around the school property. I will ensure my child stays hydrated during the walk, walks no more than is consistent with his/her abilities and takes necessary breaks. I hold myself responsible for his/her health and wellbeing. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs. Water will be available to the children.

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 a treating physician or which could limit participation. If none, please write none.

 Parent/Guardian Signature _____ Date: _____

Non Participants

_____ can't participate this year.
(Your child's name)

- I would like to make a donation of \$_____ to the Hillcrest PTA Walkathon's efforts.
(The Hillcrest PTA kindly suggests the following donation levels of \$200, \$150, \$100 and \$50. Thanks for making a difference!)

Volunteer Sign-Up

- Yes, I (and other members of my family) would like to help at the Walkathon! Please indicate with an "x" the times for which you are available to volunteer. If you have an abundance of spirit and will work during more than one time slot, please let us know in the comment section. You may also indicate a job preference in the comment section:

Name (s)	7:30 – 9 am	8:45 – 10:45 am	10:45 am – 12:45 pm	12:45 – 2:45 pm	2:45 – 4:15 pm	Comments
First Aid (Medical Professionals or EMTs Only)						

Contact Information: Phone Number(s): _____ e-mail: _____

I prefer to be contacted by: _____ e-mail _____ phone

Questions about volunteering? Contact Jennifer Bjork at 652-2564 or jjbjork@yahoo.com