



Hillcrest Walkathon & Carnival 2008

Saturday, April 26, 2008, 9 a.m. - 3 p.m.

Permission Slip and Volunteer Sign Up Form

Permission Slips need to be completed and turned into to your child's
teacher,

or the Walkathon /Carnival folder in the front office by Friday, March 21st.

Everyone must have a signed Permission Slip completed in order
to participate in the walkathon. If your child is not joining us this year,
we still need a Permission Slip turned in noting that your child is not
participating (see appropriate section on back). All classrooms with
100% of their Permission Slips turned in on or before
March 21st will be invited to a special ice cream party.

**The kids really look forward to this, so please
turn your forms in on time!**

Walk for the Hillcrest Treasure

Permission Slip and Volunteer Form

Due Friday, March 21st

Participants

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 26 2008 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 am – 9 am	9 am – 11 am	11 am – 1 pm	1 pm – 3 pm	3 pm – 4 pm
First Aid (Medical Professionals Only)					

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

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

Comments: _____

Questions about volunteering? Contact Jennifer Bjork at 652-1797 or jjbork@yahoo.com