



# Elementary Afterschool Activity – Parent Permission and Release

### PARENT INFORMATION

RISD recognizes the important roles that proper exercise and nutrition play in maintaining good health throughout life and encourages students to develop healthy lifestyle habits during their school years, including lifetime leisure skills. The district offers many activities for students, both curricular and noncurricular, that are designed to appeal to a wide variety of interests and levels of ability. RISD elementary schools offer a variety of afterschool activities such as selected team sports and fitness activities, for students for engagement and enrichment. Participation in any afterschool activity is completely voluntary and has no effect on a student’s grades. Students must maintain acceptable conduct as a condition of participation and students remain subject to the Student Code of Conduct during participation.

Activities are offered afterschool at RISD school campuses and will be supervised by RISD employees or approved school volunteers. Each campus will provide information to interested students about its activities. Transportation is not provided to or from afterschool activities. RISD will monitor students who participate in the voluntary activity and follow good safety practices. Accidents and injuries can occur even when every precaution is taken. The Richardson Independent School District and its employees and approved volunteers shall not be liable for any injury or damage that occurs as a result of any person’s participation in afterschool activities. Contact your principal with any questions.

Please complete the information below to enroll your student in the afterschool activities at the campus.

### STUDENT/PARENT/GUARDIAN INFORMATION

Student Name \_\_\_\_\_ (Nickname, if any)

School \_\_\_\_\_ Current Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

Emergency Contact Name (other than parent or guardian) \_\_\_\_\_

Contact # \_\_\_\_\_

### MEDICAL INFORMATION

Students of all ability levels are encouraged to participate. Please describe any medical or physical concerns or limitations that could affect your student’s ability to safely participate in the afterschool activity. \_\_\_\_\_

### AUTHORIZATION AND RELEASE

My signature below confirms:

- I am the parent/legal guardian of the student identified above and I have authority to make educational decisions for my child. I have read the Parent Information above and all information provided on this form is accurate and complete.
- I give my permission for my child to participate in the afterschool activity offered at his/her campus.
- **RELEASE:** In consideration for RISD’s agreement to allow my student to participate in the voluntary afterschool activity, I hereby release RISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, including negligence, resulting from any damages or injuries to my child or his or her parents/legal guardians or family members, arising out of or resulting from my child’s participation in this activity, including transportation to and from the activity.