

PASADENA INDEPENDENT SCHOOL DISTRICT
MUSIC DEPARTMENT

PARENTAL APPROVAL PERMIT FOR PRECISION DANCE TEAM ACTIVITIES
SCHOOL YEAR 20____ - 20____

Student's Name _____

Date of Birth (Month) _____ (Day) _____ (Year) _____

School _____

PARENT OR GUARDIAN'S PERMIT

I hereby give my consent for the above named student to participate in precision dance team activities (practices and performances), and to go with the precision dance team teacher or other representatives of the school on school approved trips.

The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the above names student.

Date _____

Signature of Parent or Guardian

Injuries

The Pasadena Independent School District is not liable for injury to its students. The girl's parents are expected to use the family insurance policies to pay the expenses incurred as a result of a precision dance team injury. The district does offer an optional medical insurance plan through the Athletic Department that can coordinate benefits with family medical insurance plans.

If injury should occur to the above named student while participating in her school's approved activity, I hereby authorize the Pasadena Independent School District to make use of my insurance policy. I understand that payment will be made directly to the doctor and/or hospital.

Name of Insurance Company

Policy and/or group numbers

Signature of Parent or Guardian