****

**Club Participation Consent**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID #: |  | Grade: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Zip Code: |  |

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone: |  | Mother’s Work No.: |  | Cell: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Father’s Work No.: |  | Cell: |  |

|  |  |
| --- | --- |
| Parent/Guardian Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Name: |  | Phone: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Preferred Hospital: |  | Doctor: |  | Phone: |  |

**PARENT/GUARDIAN EMERGENCY CONSENT**

I give my consent that in the event of an emergency where I cannot be contacted, my child may be taken to a hospital emergency room (any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal guardian).

|  |  |
| --- | --- |
| Parent/Guardian Signature |  |

**RESPONSIBILITIES FOR UNIFORM / EQUIPMENT RETURN**

I agree to be responsible for the safe return of all activity uniforms and equipment issued by the school to the above-named student.

|  |  |
| --- | --- |
| Parent/Guardian Signature |  |

**TRAVEL CONSENT**

When applicable, I give permission for my child to ride the Alhambra Elementary school bus, to and from, school and district sponsored extracurricular events.

|  |  |
| --- | --- |
| Parent/Guardian Signature |  |

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**Alhambra School District Photo/Publication Release**

Photographs, videotapes, interviews, essays, artwork, or other educational information may be used in district publications such as newsletters, brochures, and on the district’s/school’s website, and/or social media sites like Facebook, Twitter, YouTube, etc. Additionally, local news media regularly cover Alhambra District events where students are present.

I give permission for my child to be photographed and/or filmed by the district or news media for the purpose of informing the public of programs provide by schools. This could include information such as name, date/place of birth, grade, awards, honors, and participation in school activities, or other educational information. I also give permission for this information to be posted on the district’s/school’s website, and/or social media sites like Facebook, Twitter, YouTube, etc.

I do not give permission for my child to be photographed and/or filmed by the district or news media, nor do I give permission for photos or other educational information on my child to appear on the district’s/school’s website, and/or social media sites like Facebook, Twitter, YouTube, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Legal Guardian Signature |  | Date |  |

**By choosing "Agree" and typing your name below, you are giving written consent and agree to the items listed in the above section.  This will also be considered your digital signature.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Agree** | **Parent/Guardian Signature** |  |