**Lifetime Skills Participation Agreement**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to follow policies and procedures set forth for this class by the instructors and public facilities that are utilized.

**Policies:**

1. I am responsible for transportation to and from off campus sites and obeying all traffic laws.
2. I am to do exactly what is instructed to do by all supervisors i.e.: teachers, guest instructors and off site staff.
3. I will follow all school rules and regulations and any additional rules pertaining to this activity.
4. I will arrive on time for all offsite activities and stay until dismissed by supervisor.
5. Instructors will not transport students.

I understand that I will receive **ONE** warning and my parents/guardians will be contacted for minor discipline issues. **Second** minor discipline issue will result in **receiving a failing grade.**

Major discipline issues including but not limited to: theft, vandalism, harassment, assault, drug, tobacco or alcohol paraphernalia/possession will be turned over for prosecution by School Resource Officer and local authorities and **will result in automatic** **drop in letter grade.**

**Assumption of Risk**

By signing this form, you are agreeing that you know, understand, and appreciate the

risks inherent to Lifetime Skills Activities. Further, you agree to accept and assume those risks, and you agree to release, waive, discharge and covenant not to sue Billings Senior High School, School District #2, promoters, volunteers, officials, off site activity providers or anyone associated with the Billings Senior High Lifetime Skills class.

Failure of Parent/Guardian and Student to agree, **sign and return this form by Thursday 1/19/17 will result in a drop of letter grade each week it is not turned in**. Student will not be allowed to leave campus until form is signed and turned in by both parties.

Student’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billings Public Schools**

**School Related Off Campus Activity**

The purpose of this sheet is to inform parents of an off campus school related activity. In the event you would need to communicate with your child during this time frame, you would know the time & location of the off campus event.

Activity: Lifetime skill activities (included but not limited to) bowling, golf, swimming, archery, rock climbing, exploring parks around Billings.

Purpose of the off campus activity: Lifetime Skills Advanced PE

Supervision: Mr. Mattson

Transportation: Personal Vehicles

Requirements for students: Come to class prepared to participate (according to teacher) & pay for activity.

Date of activity: Daily Location: Varies Time: Varies

Expectations & instructions: I understand the student is expected, & the student has been instructed:

1. To do exactly what he/she is instructed to do by the supervisors.
2. To follow all school rules & regulations & any additional rules pertaining to this activity.

Medical information/concerns:

Please check & include a short explanation.

­­\_\_\_ Allergies\_\_\_\_\_\_\_\_\_\_\_ Diabetes\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Asthma\_\_\_\_\_\_\_\_\_\_\_\_ Seizures\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Meds during school day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Physical restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any emergency medical procedures or treatment are required during this trip, I consent to the trip supervisor taking, arranging for or consenting to the procedures or treatment necessary in his/her or their decision.

Hospital Choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Student’s Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Parent’s emergency phone number if needed

Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other parental concerns regarding this activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_