FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino, Fremont, Homestead, Lynbrook, Monta Vista High Schools and Adult/Community Education
Polly M. Bove, *Superintendent of Schools*

2017-2018 Parent/Guardian Activity/Trip Permission and Waiver for the Monta Vista Octagon Service Club

_____(student's name) has my permission to attend voluntary activities/trips for the Monta Vista Octagon Club during the 2017-2018 school year. I understand that my student will attend these events **without** a Fremont Union High School District chaperone, and may be at an event **without** any adult supervision. By signing this waiver, I understand that the Octagon Club is a student-run organization designed to facilitate community service opportunities for students and may offer activities/trips to the members of the school club **without** approval from a staff advisor.

By signing this form, I understand that the Octagon Club offers students Community Service opportunities, and my student may participate in these activities. The following is a list of community service opportunities that the Octagon Club has historically offered to its members. I understand that this is a list of past events and may not be descriptive of the types of events that will be offered for the 2017-2018 school year.

Soup Kitchens
Stanford Concessions
Festival (Tapestry Art Festival)
Carnivals / Ice Cream Socials
Working with Disabled Kids
Fundraising (Flea Markets / Businesses)
Fundraising/Volunteer Appreciation Parties
Walks and Marathons

I, hereby, acknowledge the above description of the Monta Vista High School Octagon Club, and I am giving permission to _____(student's name) to participate in the community service activities for the 2017-2018 school year. As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents, and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in these activities.

_____ _____ _____
Parent/Guardian Name (print) Signature Date

_____ _____ _____
Student Name (print) Signature Date

_____ _____
Address Telephone

_____ _____
Family Health Insurance Carrier Policy Number

_____ (_____)_____-_____
Emergency Contact Name Emergency Contact Phone Number