



STARBASE Minnesota Duluth Summer Program Permission Slip 2018



Note to Staff – Please complete section below.

Staff Leader's Name: _____ **Grade Level(s):** _____

Organization Name: _____

Dates your organization will be attending STARBASE Minnesota Duluth: _____

- Each child must have a signed STARBASE permission slip to participate in the program. Organization authorized field trip forms are not acceptable.

Student Information – Parent or Guardian, please fill out the section below.

Student Name: _____ **Parent/Guardian Name:** _____

Address: _____ **Home Phone:** _____

City: _____ **Work Phone:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Is this a home or work email? Circle One. Home Work

Emergency Contact Name: Who should we contact in case of

Emergency (If parent can't be reached)? _____

Phone: _____

Relationship to Student: _____

Allergies, if any: _____

Other Health Issues: Please list any health issues we should be

Aware of and any precautions that should be taken. _____

Emergency Instructions: Please provide any specific

instructions for us to follow in case of illness or accident.

Demographic Information: The completion of the following is optional. This information is reported in the summary form only.

- | | |
|---|---------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Female |
| <input type="checkbox"/> Caucasian | |
| <input type="checkbox"/> Latino/Hispanic | |
| <input type="checkbox"/> Multi-Racial | |
| <input type="checkbox"/> Native American | |
| <input type="checkbox"/> Other | |

Does your child receive free or reduce lunch from school?

- Yes
 No

Does your child receive ELL (English Language Learner) services from school?

- Yes
 No

I hereby grant permission for the aforementioned minor to participate in the STARBASE program listed above. I understand that participation is voluntary. I also understand that STARBASE Minnesota, Inc. reserves the right to terminate participation in the program when it is deemed to be in the best interest of either the participant or the program. I also acknowledge that photographs and video may be used from time-to-time to document and promote STARBASE Minnesota activities, including their use on social media, and hereby consent to the use of my child's image for these purposes unless otherwise indicated below. I take full responsibility for any damages that might occur to government or STARBASE property caused by my child. I further agree not to hold the United States Government, the State of Minnesota, the Minnesota National Guard, its officers, employees and agents, STARBASE Minnesota staff or volunteers supporting the program, or participating school district liable for any reason as a result of participation in this program.

Parent/Guardian Signature: _____ Date: _____