

TKC!

**THE HIGHLANDS SCHOOL CHALLENGE CLUB
PERMISSION FORM**

PARTICIPANT'S NAME: _____

GRADE: _____

**PERMISSION TO PARTICIPATE IN MEETINGS, APOSTOLIC PROJECTS, RETREATS AND INTEGRATION
ACTIVITIES OF THE HIGHLANDS CHALLENGE CLUB**

As the parent/guardian of the above named Highlands Challenge Club member/participant, I give my full permission for said member/participant to attend all of the above referenced Highlands Challenge club activities.

As Parent/Guardian, I fully understand that transportation to and from all Highlands Challenge Club activities is my sole responsibility and that the club does not provide transportation.

I hereby release The Highlands School, The Diocese of Dallas, The Highlands Challenge Club, its trustees, employees and servants from any and all liability, damages, or claims resulting from such club member/participant being allowed to participate in said activities, and I agree to hold them harmless from any damages or claims which might arise from injuries out of any act or omission on the part of The Highlands Challenge Club or the use of excessive force in the administration of discipline, pursuant to Article 6252-19 of Texas Tort Claims Act, and Section 21.912 of the Texas Education Code, as a result of such activity.

I also grant The Highlands Challenge Club and/or any of its trustees, employees, and servants my permission to seek medical assistance for the above referenced Challenge club member/participant should such medical assistance be needed during the said activities. For purposes of such procedures and treatments, my child's blood type is: _____ and my child has the following medical conditions or allergies (if any) _____.

Date

Parent/Guardian Signature

Emergency Phone: _____ Work Phone: _____

Other Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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THIS FORM MUST BE SIGNED AND RETURNED FOR YOUR DAUGHTER TO PARTICIPATE IN THE KICK-OFF PARTY