



L.E.A.P. Parental Permission Form

Dear Parents,

BMMA is offering a new after school club program this year. This program will run every other than minimum days, beginning February 11 to May 31 from 3:30-4:30pm.

If you are interested in your child participating, please fill out the bottom section of this notice and return it to school as soon as possible.

**STUDENT NAME:**

\_\_\_\_\_

I give permission for my child (named above) to attend the Ukelele Club on Mondays after school from 3:30-4:30. Following the after school club meeting, students will wait for their parent/guardian by the pedestrian gate and they must be picked up by 4:45. You may give your student permission to walk home and students will be released to do so after the meeting (school will take the student's word).

**PARENTS, PLEASE NOTE:** It is a privilege, not a right, to participate in extracurricular activities; the privilege may be revoked at any time. The acceptance and inclusion of students is at the discretion of the School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

By granting permission to attend the club, you acknowledge and give permission for photos/videos of your child to be released by the school on school websites and social media platforms and release. I further release Bella Mente, its Board of Directors, employees and representatives from any liabilities arising out of use of this material and I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with any image used by the school.

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

\_\_\_\_\_  
**Printed name of Parent or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**EMERGENCY CONTACT INFORMATION**

**Parent(s)/Guardian(s), Family Member(s), or Friend(s)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Numbers

Phone Type  
(Home, Mobile, etc.)


\_\_\_\_\_  
Best Email address(es) to reach Parent(s)/ Guardian(s)