

Commitment Form

Name: _____ Grade: _____

Email Address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Information of Parent/Guardian(s)

Name: _____ Relation to Participant: _____

Phone: _____ Email: _____

The cutoff to raise \$50.00 and get a T-Shirt is March 1, 2020.

T-Shirt Size (Circle): S M L XL XXL

1st semester First Block Teacher's Name _____

2nd semester First Block Teacher's Name _____

Student Agreement:

I will be on my feet for the entire seven hours of Urbana High School's Mini-THON to benefit the fight against Pediatric Cancer, on Saturday, March 14, 2020 from 5:00 p.m. - 11:00 p.m. with the exception of a medical or family emergency. I will be an active participant in games and activities. I know that I am representing myself, my class, my school, and am participating in the event for children suffering from pediatric cancer, and therefore I will act with dignity and respect in all aspects of the event. Failure to comply with the school rules will forfeit my participation from this and future Mini-Thons, and I will NOT get a refund. I also recognize that if I leave I will not be allowed back in, nor will I be allowed to enter late.

Dancer Name _____ Dancer Signature _____

Parent/Guardian Agreement:

I allow my child to participate in Urbana High School's Mini-Thon on Saturday, March 14th, 2020 from 5:00 p.m. to 11:00 p.m. I understand the event is for charity purposes. I will ensure that my child has transportation home after the event and is not driving him or herself because of the exhaustion he/she may feel.

Parent Name _____ Parent Signature _____

Publicity Release

Dear Parent/Guardian:

Photos, videotape footage and personal interviews with Urbana High School students who are involved in various school-related activities are often used as part of the district's community relations efforts (e.g district publications, local television programs, newspapers, and on the school district's website).

By signing below you are granting permission to the School District to photograph or videotape the person named below. The photographs would be used in school-related publications, such as the district calendar, newsletter, district website, and local media.

FCPS is sincere in its commitment to keep the public informed of the programs, activities, and events that are taking place within our schools. Without your permission, your child cannot be part of this endeavor. However, in situations in which large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

_____ **I DO consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.**

_____ **I DO NOT consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.**

Student's Name (Please Print)

Date

Parent's Signature

Date

Medical And Contact Information

Participant Name: _____ Grade: _____ Age: _____
Address: _____ Home Phone: (____) _____
Family Physician: _____ Phone: (____) _____
Physician Address: _____

Emergency Contacts:

Name: _____ Phone: (____) _____
Relationship: _____

Name: _____ Phone: (____) _____
Relationship: _____

Medical Information:

Please mark an "x" next to any medical condition that applies to your current or past medical history. Please use the additional space to briefly explain.

_____ Asthma	_____
_____ Diabetes	_____
_____ Emphysema	_____
_____ Epilepsy	_____
_____ Heart Problems	_____
_____ Other	_____

Medications: (List any medications you are currently taking.)

_____	Dosage _____	Times _____
_____	Dosage _____	Times _____
_____	Dosage _____	Times _____

My child, _____, may receive the medication listed above at the specified times by the attending school nurse/medical technician at Mini-Thon.

Parent/Guardian Signature _____ Date _____