

JAWM's enTEENpreneur Challenge STUDENT PERMISSION FORM

Your child is invited to participate in the JAWM's enTEENpreneur Challenge on Thursday, March 21, 2019 (snow date Friday, March 22, 2019) at the UMASS Springfield Center, 1500 Main Street, Springfield, MA from 9:30am-1:30pm. For your child to participate, you must complete this form and returned to your child's teacher by no later than Thursday, March 7, 2019. Thank you.

PERMISSION TO PARTICIPATE

My child, _____, may participate in the JA enTEENpreneur Challenge taking place at the UMASS Springfield Center in Springfield on Thursday, March 21, 2019 (snow date Friday, March 22, 2019)

PERMISSION TO TRAVEL

I understand that my child, _____, will travel to and from the UMASS Springfield Center under the supervision of authorized school representative.

PHOTO/VIDEO RELEASE

I understand that this event may attract media attention including the Connecticut Public Broadcasting Inc., and also may be used to promote partnerships between schools and businesses, so there is a possibility that my child will be photographed/videotaped during this experience. I grant my permission to photograph/videotape and use my child's, likeness and/or voice for DVD, World Wide Web, video on demand, wireless technology and other media. I grant permission for my child, _____, for these promotional and educational purposes.

JA will provide a pizza lunch for the students. Please indicate any food allergies your child may have:

MEDICAL AUTHORIZATION FORM

Should it be necessary for my child to receive medical treatment while participating in the enTEENpreneur Challenge, I hereby give the school district and workplace personnel permission to use their best judgment in obtaining medical service, and I give permission to the physician selected by the school district personnel to render whatever medical treatment he/she deems necessary and appropriate. Permission also is granted to release necessary emergency contact/medical history to the attending physician, or to the workplace, if needed. For your child to participate, you must provide the information requested below.

Student Name: _____ School ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

I hereby agree to all of the above authorizations and permissions.

Guardian Signature

Date