



MAAP STARS Permission Slip

Student Name: _____

Birthdate: _____

Current Grade: _____

School: _____

Teacher/Advisor's Name: _____ **Advisor's Cell # :** _____

I give permission for my youth (named above) to participate in MAAP STARS activities and initiatives. Does the student have any health considerations which will require special attention or supervision?

Yes: _____; No: _____. If yes, what is the problem or disability and what special considerations should be made?

Photo Release

I recognize that MAAP STARS uses photographs, projects, written materials and video images in media releases and publications (including websites and newsletters). I hereby grant permission for the use of these documents taken for such purposes.

Activity Release

I understand that personal injury can and may occur to my child, and I hereby authorize my son/daughter's teacher/advisor and/or MAAP representatives to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **MAAP**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from these events.

I further give permission for my youth to participate in all MAAP STARS activities except as noted below:

Signature of Parent/Guardian	Printed Name	Date
(Student may sign if over 18 years of age)		

Emergency Contact Information

Name of person and telephone numbers to call in case of emergency

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell / Alternate Phone: _____