PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR STUDENT PARTICIPATION IN CLUBS AND ACTIVITIES

__X__ **District Sponsored** ___ **Non-District Sponsored**

Bartow High School — School Name

2026-27 school year — Date

_____ — Student's Name

_____ — Grade

Activity/Event: Academic Team (A-Team) practices and competitions
List activity/event

ON Tuesday and Friday afternoons — Date(s) and time of Event

John Rosario and Peggy Frisbie — Adult Supervisor

LOCATION OF EVENT/ACTIVITY Bartow High School and other Polk high schools

NATURE OF EVENT/ACTIVITY Two-hour practices every Friday after school at BHS, meets approximately monthly at various Polk high schools

Type(s) of sponsors/guests who will be present during event/activity Teams from other schools, parents of team members, teachers and district staff who serve as judges and readers

Parents should direct questions concerning the activity to the School Office.

Name John Rosario (863) 534-0194 (863) 534-7400 _____
Adult Supervisor (Telephone Number) (School Number) (Mobile Phone)

(ALL OF THE ABOVE TO BE COMPLETED BY THE SCHOOL)

PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.

2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified.

3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation.

4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Polk County harmless for any injury or accident or property loss involving the student.

5. Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.

6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity.

☐ Granted ☐ Denied ☐ Granted with the following exceptions: _____
(Describe)

_____ _____

Student's Signature Date
(Optional for Elementary School)

Parent/Guardian Signature Date
(Required for all)

The following section is only required if the parent chooses to allow the coaches to transport their child to meets at other schools.

I hereby give permission for my son/daughter, _____, to ride with John Rosario and Peggy Frisbie in a Polk County School Board-owned vehicle or a Polk County School Board-approved personal vehicle for the purpose of traveling to competitions of the Bartow High School Academic Team during the 2026-27 school year.

parent/guardian signature _____

7/17/2025 parent/guardian name, printed _____

date _____