

Bowl-a-Thon and Phonathon Permission Form

All students must have this permission form on file with the Advancement Office to participate.

PLEASE RETURN TO THE ADVANCEMENT OFFICE BY AUGUST 1, 2017

By signing this form, I give permission for my daughter to attend the following:

- **Bowl-A-Thon at Bel Mateo Bowl, 43rd & Olympic Avenue, San Mateo on Tuesday, September 19, 2017. I understand that it is my responsibility to arrange for my daughter's transportation to and from Bowl-A-Thon. I understand that if my daughter does not raise the minimum of \$75, she must report to Mercy for supervised class during the time of Bowl-A-Thon.**

I agree to direct my daughter to cooperate and conform with directions and instructions of the supervisory personnel in charge of this event(s). Should it be necessary for my daughter to have medical treatment while participating in this event(s), I hereby request the school personnel use their judgment in obtaining medical service for my child, and I request the physician selected by the school personnel render the medical treatment deemed necessary and appropriate.

I agree that in the event my child is injured as a result of her participation in this event(s), including transportation to and from such activity, through negligence of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be made against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I agree that in the event my daughter violates any school rules while at this event(s), a parent or guardian will be called and asked to come and pick up his/her daughter.

Daughter's Name: _____ **Grade:** 9 10 11 12 **Advisory #** _____

Parent or Guardian Name (PRINT): _____

Parent or Guardian Signature: _____

Address, City, Zip: _____

Home phone: _____ **Work phone:** _____

Cell Phone: _____ **Date:** _____

In case of an emergency, the student should be taken to the closest hospital: Yes No

If no, what hospital should student be taken to: _____

The student's doctor should be contacted: Yes No

Name of Physician: _____ **Phone:** _____

Name of Insurance Carrier: _____ **Policy#:** _____