



Warm Springs Middle School Parent/Guardian  
Permission Slip/After school activity

**NO SIGNED PERMISSION RETURNED – NO ACTIVITY – NO EXCEPTIONS**

We give permission for \_\_\_\_\_, \_\_\_\_\_ to participate in:  
Student's Name Grade

**After School Activity: Disney's Lion King / WSMS Drama Production**  
**Staff Member in Charge: Mrs. Rebecca Al-Ghizawi**  
**Location of Activity: WSMS MPR**  
**Meeting Dates/Times: Monday 2-4 & Wednesdays 3:15-5**

**Parents/Legal Guardians are responsible for their child's transportation home from school and keeping current with email / cell contact information with Drama class:**

Please check one of the following means of transportation home for your student:  
 Parent will pick up       Student will walk home       Ride Bicycle

Parent Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Text Contact: ( ) \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Text Contact: ( ) \_\_\_\_\_

In Case of Emergency Contact/Relationship: \_\_\_\_\_

In order to participate in a school activity, this form must be filled out in its entirety. In addition, each student participating in an after school activity **must have medical insurance coverage and all paperwork completed prior to their participation.** According to Ed Code 32220-24, each student participating in after school programs must have **minimum** medical coverage of **\$1,500.00**. Please check the appropriate box:

I have school insurance (Myers-Stevens) on file

I have my own medical insurance:

Name of Company

Policy Number

I have read and understood the terms of my child's participation in the WSMS after school student activity. **As stated in California Education Code Section 25330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.**

Parent Name/Please Print: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

✓ I have verified that this student can participate in my after school activity program. I have personally reviewed his/her paperwork and find all forms to be on file. Supervising staff signature: \_\_\_\_\_

Please see reverse for audition information. Bring this completed permission slip with you to MPR 9/29/2016