



**Jordan 7th/8th Grade Ice Skating Party
Wednesday, February 15, 2017**

**Jordan 6h Grade Ice Skating Party
Wednesday, February 22, 2017
5:30 p.m. to 7:30 p.m.**

Join your friends for a great time, pizza, and a toasty beverage.

**Winter Lodge
3009 Middlefield Road**

Keep top half as a reminder

One order from per student.

Submit form and signed waiver to Jena Babcock at the Jordan front office.

Or register online <http://jordanptaweb.wordpress.com/ice-skating-party/>

Student _____

Parent _____

Parent Email _____

Advisory Teacher _____

7th & 8th Grade Student \$22 before 2/13/2017, \$25 on or after 2/13/2017

6th Grade Student \$22 before 2/20/2017, \$25 on or after 2/20/2017

Scholarship fund donation (optional) _____

TOTAL (check payable to Jordan PTA) _____

Scholarships are available from the PTA: [Contact Vickie Perry at vperry@pausd.org](mailto:vperry@pausd.org).

Jordan Middle School PTA
750 N. California St Palo Alto, CA 94303



PARENT'S APPROVAL AND STUDENT WAIVER AND PARTICIPANTS WAIVER

Names of all Family Members and Grade at Jordan Middle School

will participate in the PTA sponsored Ice Skating event for the school year 2016 to 2017. The undersigned parent or guardian assumes all risks in connection with the family's participation in this PTA sponsored activity.

I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property or to myself in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

(If none please write none)

Parent/Guardian/Participant Signature Date

Print Name _____ (_____) Telephone no. _____

Address _____ City _____ State _____ Zip Code _____

I/We accept the terms of this agreement (Please check this box)