

7th GRADE FRIDAY NIGHT Cotillion Enrollment 2009/2010

Please return this form, the PTA waiver form (see attached) and the \$49.00 fee per student to JM Paperwork day, Friday, August 21 or separately to the school office by Friday, September 4. Make checks payable to *JM PTA*.

Dance Club fills up quickly so don't delay. NO FORMS WILL BE ACCEPTED AFTER FRIDAY, SEPTEMBER 4. This will be your only notice. Assume your child is enrolled unless you hear otherwise.

**Any questions, please call Margaret Qualls at 377-6502 or
Debbie Lomas at 631-9473**

My son/daughter, _____ would like to participate in JM 7th Grade Friday Night Cotillion 2009/2010 and is willing to adhere to the dress and behavior codes.

Student's signature _____, Parent's signature _____

Chaperones are needed for each lesson. Please volunteer on the form below. You will be called if needed. Please note you may be required to fill in as a dance partner if numbers are uneven on a given night

I/we would like to chaperone, please call me/us to help

Name _____ Preferred Nights: _____

Phone _____

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in
7th Grade Cotillion Name of Minor 10/16/09, 10/23/09, 11/13/09, 2/19/10, 3/5/10, 3/12/10
Event or Activity On Date

at Joaquin Moraga Intermediate School from 7:30pm to 9:00pm
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) _____
Son, Daughter

myself, my (our) heirs, executors and administrators, remise, release and forever discharge

JM PTA Las Trampas Creek Council, 32nd
Unit PTA Council PTA District PTA

and the California State PTA, and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify

the minor is my (our) _____ and that his/her date of birth is _____
Son, Daughter

and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. 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. (If none, please write the word "none.")

1. _____
Signature _____ Print Name _____
Address _____ City _____ Phone _____
2. _____
Signature _____ Print Name _____
Address _____ City _____ Phone _____
3. _____
Signature _____ Print Name _____
Address _____ City _____ Phone _____