## DO NOT FAX.

## FUTURE BUSINESS LEADERS OF AMERICA Student Permission/Emergency Form Dodgeball Tournament Liability Waiver

Return form to:

Bruce E. Boncal

Mr. Bruce E. Boncal
PA FBLA Executive Director
Deadline: October 05, 2015

Forms must be made into a single PDF file and uploaded with the WuFoo online form. Link is on PA FBLA's main page. If no capability to create a PDF and upload, fax to 570.398.4652.

<u>Please Note</u>: It is the responsibility of the local chapter adviser to submit one signed parent permission form for each student attending the PA FBLA State Leadership Workshop. The parent/guardian is required to check all of the boxes below that apply to his/her child to certify parent permission for their son/daughter to participate in the State Leadership Workshop and the Dodgeball Tournament fundraiser. The Dodgeball Tournament is an optional activity.

This signed parent permission form must be sent to the **PA FBLA Executive Director** received by <u>October 05, 2015</u>. If an adviser fails to submit the student permission form(s) by the deadline, the adviser and the school's principal will be notified that the chapter and/or student will not be able to attend the PA FBLA State Leadership Workshop. Additionally, <u>no member will be permitted to participate in the Dodgeball Tournament until the Dodgeball Tournament Liability Waiver is signed by the participating member, signed by the parent/guardian, and is on file in the PA FBLA office.</u>

Please check all the boxes below	that apply:			
This is to certify that	name	has my p	ermission to attend the PA FBLA	State Leadership Workshop. (required)
This is to certify that		has my p	ermission to participate in the PAF	BLA SLW Dodgeball Tournament.
The State Leadershi	ip Workshop will be held a		rence Center Hotel, State College, Pennsylvani t Bellefonte Area High School on <u>October 25</u> ,	
<b>Dodgeball Tournament Liability</b>	<u>Waiver</u>			
I,Print Team Member's Name Her	of	Print School Name He	hereby release Penr	sylvania Future Business Leaders
responsibility if injury or infraction	n should occur in my	participation in the	Penn Stater Conference Center Hote e Pennsylvania Future Business Leac s tournament, injury might occur, and	lers of America's State Leadership
<b>I/we</b> do hereby absolve and rele from any claims for personal injuri activity.	ease school officials, ties or illness which m	he FBLA state cha night be sustained v	pter adviser, or other responsible adwhile he/she is traveling to and from	ult and the assigned FBLA state staff or during the FBLA sponsored
Participant's Last Name			First Name	
Participant's Street Address				
Participant's City/State/Zip				
Home Telephone Number		Grade Lev	elDate of Birth	
School Name				
Parent/Guardian Name(s)				
	<b>EMER</b>	RGENCY	INFORMATION	
			ake the above-named student to a physic of these costs is my/our responsibile	
Name of Emergency Contact Perso	on			
Home Telephone Number		Work Telepho	one Number	
	Physician Phone Number			
-				
-	_			
Optional List Any Other Medica	ar Kequitements			
Insurance Company Name			Plan Number/Group Nu	ımber
FBLA Policy/Leadership Handbook as printed in the official Dodgeball g the convention center, or Bellefonte result in the student and his/her parer chapter adviser, the state FBLA staff	or on the PA FBLA w guidelines found on the Area High School, any nts/guardian being held f, and the FBLA Board as violated the rules and	eb site (www.pafbla PA FBLA web site items taken from the financially respon- of Directors have the d/or his/her conduct	a.org). We have read and agree to the I e. We understand that any damage to a he guest room in the hotel, or any disre- sible for any associated costs. We also he right to send the above-named stude has become a detriment. Expenses inc	agree that the school officials, the FBLA ent home from the activity at the expense
Student Signature		Date	Parent Signature	Date