

STUDENT CONTRACT

I, _____, a delegate to the Michigan PTSA Annual Convention, agree to adhere to the
Student's Name

following:

1. To participate in an active, constructive, and positive way.
2. To cooperate with Michigan PTA personnel/chaperones at all times.
3. To attend the general sessions and workshops unless excused by written permission from my chaperone.
4. To respect hotel property and the property of others.
5. To be courteous and respectful to guests and speakers.
6. To refrain from the use of alcohol and controlled substances.
7. To obey the rules of the program and not hinder its smooth operation.
8. To have a good time and learn!

Student's Signature

Date

Address

City

Zip Code

Telephone (include area code)

PTA/PTSA

PARENT PERMISSION FORM and POWER OF ATTORNEY

My child, _____, has my permission and specific consent to participate in the Michigan PTSA Annual Convention on _____ at _____. I am familiar with and approve of the mode of transportation and chaperone(s) for this event.

I represent that my child has medical insurance through my own insurance carrier and I remain personally and solely responsible for all medical, personal and property damages in relation to my child. I have and will maintain medical insurance with the following:

Name of Insurance Company

Insurance Company Phone Number

Address of Insurance Company or Agency

Insurance Policy Number

I recognize that medical treatment on an emergency basis may be necessary, and further recognize that the chaperone(s), _____, may be unable to contact me for emergency medical care, procedures and services as may be deemed reasonable and necessary under the then existing circumstances and to assume the expenses of such care on my behalf.

I release and waive and further agree to indemnify, or hold harmless or reimburse the PTA, the individual members, agents, employees and representatives thereof, as well as trip supervisors, chaperones, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, for any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

I also understand that the local school district my child attends assumes no liability, and the above release and hold harmless is also applicable to my local school district.

Please sign below indicating you have read this form, understand and agree to its contents voluntarily with full knowledge of its significance.

Parent/Guardian Signature (Required)

Date

Address

City

State

Zip Code

In case of an emergency, I can be reached at:

Include area code

Home Phone

Mother's Work Phone

Father's Work Phone

Or call:

Name

Relationship

Phone Number

CHAPERONE CONTRACT

I, _____, as a chaperone for _____
Chaperone's Name Student's Name
agree to the following:

1. To establish an itinerary and discuss it with parent(s)/guardian and student before leaving for the convention.
2. To provide adequate supervision during the convention.
3. To remind students of their responsibility of not only representing their own school, but also the Michigan PTA.

Chaperone's Signature

Date

Address

City

State

Zip Code

Phone Number

VOLUNTEER DRIVER'S STATEMENT

Drivers Volunteering to Transport Students in the Driver's Private Vehicles Should Sign this Statement.

I am furnishing transportation for (names of students) _____

to the Michigan PTA Annual Convention. I have and will maintain liability insurance with the following:

Name of Insurer/Agent

Insurance Policy Number

Address of Insurer

Insurer's Phone Number

which I feel is adequate for me and my passengers.

Driver's Signature

Date

Address

City

State

Zip Code

Phone Number