

ASAA PARENT / GUARDIAN
 CONSENT FOR STUDENT
 TRAVEL AND PARTICIPATION

PERSONAL INFORMATION

Student Last Name: [Handwritten: Smith] Student First Name: [Handwritten: John] Date of Birth: [Handwritten: 10/1/10] Gender: [Handwritten: Male]

Address: [Handwritten: 1234 Main Street, Apt. 101, New York, NY 10001]

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name: [Handwritten: Smith] Parent/Guardian First Name: [Handwritten: Jane] Parent/Guardian Address: [Handwritten: 1234 Main Street, Apt. 101, New York, NY 10001] Parent/Guardian Phone: [Handwritten: 212-555-1234]

TRAVEL INFORMATION

Travel Dates: [Handwritten: 10/15/10 - 10/20/10] Travel Location: [Handwritten: New York City, NY] Travel Purpose: [Handwritten: School Trip]

DATE: 10/1/10

ASAA PARENT / GUARDIAN
 CONSENT FOR STUDENT
 TRAVEL AND PARTICIPATION

STUDENT

Parent / Guardian Name: Michael Student Name: Michael Date of Birth: 1/30/77 Grade: 12

Address: 1012 FORDSON LN City: ANA State: CA Zip: 91706

Phone: 714-258-7444 Email: mickeyb@att.net

Emergency Contact: Michael

PARENT/GUARDIAN

Parent/Guardian Name: Michael Date of Birth: 1/30/77 Grade: 12

Address: 1012 FORDSON LN City: ANA State: CA Zip: 91706

Phone: 714-258-7444 Email: mickeyb@att.net

EMERGENCY CONTACT

Emergency Contact Name: Michael Date of Birth: 1/30/77 Grade: 12

Address: 1012 FORDSON LN City: ANA State: CA Zip: 91706

Phone: 714-258-7444 Email: mickeyb@att.net

PRINCIPAL

Principal Name: Michael Date of Birth: 1/30/77 Grade: 12

Address: 1012 FORDSON LN City: ANA State: CA Zip: 91706

Phone: 714-258-7444 Email: mickeyb@att.net

[illegible]

255AA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Participant Last Name <u>1. LARSEN</u>	Secondary City Name <u>ANCH</u>	M ☐	Grade of 2015 <u>12</u>	State <u>HI</u>
Address <u>1405 Kalia Drive</u>		City <u>1. LARSEN</u>	Zip <u>96819</u>	
Phone <u>1-808-538-2324</u>	Email <u>1405 Kalia Drive</u>			
Signature <u>Carol Christman</u>				

PARENT/GUARDIAN

Participant/Student Last Name <u>1. LARSEN</u>	Participant/Student First Name <u>Angela</u>	M ☐	Grade <u>12</u>	State <u>AK</u>
Address <u>9700 Seward Dr</u>		City <u>Anch</u>	Zip <u>99506</u>	
Phone <u>907-290-06</u>	Email <u>angelalarsen@alaska.comcast.net</u>			

SPONSOR/TEACH

Sponsor/Teacher Last Name <u>Angela</u>	Sponsor/Teacher First Name <u>Angela</u>	M ☐	Grade <u>12</u>	State <u>AK</u>
Address <u>12403 Antares Street</u>		City <u>Anch</u>	Zip <u>99518</u>	

PRINCIPAL

Participant Last Name <u>1. LARSEN</u>	Participant First Name <u>Angela</u>	M ☐	Grade <u>12</u>	State <u>AK</u>
Address <u>1405 Kalia Drive</u>		City <u>ANCH</u>	Zip <u>96819</u>	

**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

PARENTS

Student Last Name Boyles	Student First Name Monroe	MS	Date of Birth 10/29/94	Gender M
Address P.O. box 10007		City Memphis, TN		State 9954
Phone () 901-555-2845		Email Monroe29@gmail.com		
School Grace Christian School				

EMERGENCY CONTACTS

Parent/Relative Last Name Boyles	Parent/Relative First Name Kara	MS
Address P.O. box 10007		City Memphis, TN
Phone 901-116		Email KaraBoyles@gmail.com

SCHOOL ADVISER

Contact/Adviser Last Name	Contact/Adviser First Name	MS
Address		City
Phone		Email

PRINCIPAL

Principal Last Name	Principal First Name	MS
Address		City
Phone		Email

ASIA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION

STUDENT

Student Last Name: Yoshida Student First Name: Jason DOB: 07-22-92 Grade: 12

Address: 3330 Eastwind Drive Anchorage Alaska 99506

Parent/Guardian Last Name: Yoshida Parent/Guardian First Name: Jason DOB: 07-22-92 Grade: 12

Address: 3330 Eastwind Drive Anchorage Alaska 99506

Phone: 907-243-5501 Email: jyoshida@alumni2.com

ECOSYSTEMS

Parent/Guardian Last Name: Yoshida Parent/Guardian First Name: Jason DOB: 07-22-92 Grade: 12

Address: 3330 Eastwind Drive Anchorage Alaska 99506

Phone: 907-243-5501 Email: jyoshida@alumni2.com

PERSONAL

Student Last Name: Yoshida Student First Name: Jason DOB: 07-22-92 Grade: 12

Address: 3330 Eastwind Drive Anchorage Alaska 99506

Phone: 907-243-5501 Email: jyoshida@alumni2.com

2009 2009 Alaska School Activities Association

ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION

STUDENT

Student Last Name: Brown Student First Name: Marcel SSN: 1 495 Grade: 9

Address: 3835 Upper Canyon Dr City: Englewood State: CO

Phone: 407-944 8432 Email: 4brownm@mtcatholic.net

School: Grace Christian School

PARENT/GUARDIAN

Parent/Guardian Last Name: Brown Parent/Guardian First Name: DeeL SSN: 11

Address: Same City: Same State: Same

Phone: Same Email: 4brownm@mtcatholic.com

COACH/ADVISOR

Coach/Advisor Last Name: _____ Coach/Advisor First Name: _____ SSN: _____

Address: _____ City: _____ State: _____

PRINCIPAL

Principal Last Name: Hatwell Principal First Name: Erin SSN: _____

Address: Grace Christian School _____ _____

ASAA PARTNERSHIP / GUARDIAN TRAVEL AND PARTICIPATION			
STUDENT			
Student Last Name	Student First Name	Age	Date of birth
Rien	John	11	5/31/99
Address	City		Zip
1120 Halgands Circle	Pineburg		71071
Phone	Email		
(504) 734-0074	johntn@ncs.k12.la.gov		
Student			
Grade (This Year School)			
Grade 7			
PARENT/GUARDIAN			
Parent/Guardian Last Name	Parent/Guardian First Name		Age
Klein	Steve		37
Address	City		Zip
1120 Halgands	Pineburg		71071
Phone	Email		
348-0074	Steve and Karen @ klein.com		
FAMILY/ADVISOR			
Family/Advisor Last Name	Family/Advisor First Name		Age
Address	City		Zip
PRINCIPAL			
Principal Last Name	Principal First Name		Age
Address	City		Zip

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name	Student First Name	Age	Date of Birth	Sex
Loose	Swade	3	1-22-88	Male
Address	City	State	Zip	
5300 1st Avenue Rd	Chicago	Ill	7546	
Phone	Home	School		
5223453	1/1			
Emergency				
GCS				

PARENT/GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	Age
Loose Group	Loose	6
Address	City	State
5300 DeRoseme Rd	Chicago	Ill
Phone	Home	School
5223453	1/1	7546

COACH/ADVISOR

Coach/Advisor Last Name	Coach/Advisor First Name	Age
Address	City	State

PRINCIPAL

Principal Last Name	Principal First Name	Age
Address	City	State

AL-201-101

J

CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

PERSONAL INFORMATION

Registration/Letter Number: 4821 Last Name: Lu First Name: Andy Sex: M Grade of Study: 7th 12th

Address: 8821 Sutterton St 14 Aachen 9881

Phone: 907677-7662 Email: andyluc123@yahoo.com

School: Grace Christian School

PERSONAL INFORMATION

Registration/Letter Number: 8821 Last Name: Sutton First Name: Clara Sex: F Grade of Study: 4th 5th

Address: 8821 Sutterton St 14 Aachen 9881

Phone: 907677-7662

PERSONAL INFORMATION

Registration/Letter Number: 8821 Last Name: Arnold First Name: Bob Sex: M Grade of Study: 4th 5th

Address: 8821 Sutterton St 14 Aachen 9881

Phone: 907677-7662

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION			
VISITOR			
Product Visit Name	Product Visit Number	ME	Date of birth
Elise	1000000000		1/1/19
Address	City	State	Zip
2100 W. 10th St.	Omaha	NE	68104
Phone	Mobile		
502-777-7777	502-777-7777		
School			
Concordia Lutheran			
PARENT / GUARDIAN			
Parent/Guardian Last Name	Parent/Guardian First Name	ME	Date of birth
Elise	Elise		1/1/19
Address	City	State	Zip
2100 W. 10th St.	Omaha	NE	68104
Phone	Mobile		
502-777-7777	502-777-7777		
COUNCIL / AFFILIATE			
Council / Affiliate Last Name	Council / Affiliate First Name	ME	Date of birth
Address	City	State	Zip
PARTICIPANT			
Participant Last Name	Participant First Name	ME	Date of birth
Address	City	State	Zip

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**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

STUDENT

Consentant Last Name: Noble Student First Name: Alexandra H: 4 Date of birth: 1.21.98 Gender: F

Address: 3000 Legacy Dr. City: Amherst State: 95016

Phone: 248-9655 Email: fnoble@gci.net

School: Grace Christian

PARENT / GUARDIAN

Parent/Guardian Last Name: Noble Parent/Guardian First Name: Carmon H: 4

Address: 3000 Legacy Dr. City: Amherst State: 95016

Phone: 248-9655 Email: fnoble@gci.net

COACH/TECH

Coach/Teacher Last Name: _____ Coach/Teacher First Name: _____ H: _____

Address: _____ City: _____ State: _____

TRAVEL

Participant Last Name: _____ Participant First Name: _____ H: _____

City: _____ State: _____

4/26/17

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

TRAVEL

Student Last Name	Student First Name	SSN	Date of Birth	Gender
Polley	Gracie S	0	02-20-2007	F
Address	City		State	Zip
414 E. 15th Ave	Bismarck		ND	58102
Phone	Email			
701-345-2529	graciepolley@gmail.com			
Emergency				
Gloria Christian				

PARENT / GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	SSN
Polley	Gracie S. Christian	0
Address	City	State
414 E. 15th Ave	Bismarck	ND
Phone	Email	
701-345-2529	graciepolley@gmail.com	

COACH/STAFF

Coach/Staff Last Name	Coach/Staff First Name	SSN
Arnold	Rene Robert	W
Address	City	State
12405 Raven St	Bismarck	ND

WITNESSES

Principal Last Name	Principal First Name	SSN
Polley	Gregory E	0
Address	City	State
Gloria Christian	701-345-2529	

4001702

**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

STUDENT

Student Last Name _____ Student First Name _____ SSN _____ Date of Birth _____ Gender _____
Home _____ Email _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
School _____
Grade _____

TRAVEL GUARDIAN

Travel Guardian Last Name _____ Travel Guardian First Name _____ SSN _____
Home _____ Email _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
School _____

COACH/TRAINER

Coach/Trainer Last Name _____ Coach/Trainer First Name _____ SSN _____
Home _____ Email _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
School _____

PRINCIPAL

Principal Last Name _____ Principal First Name _____ SSN _____
Home _____ Email _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
School _____

MS-100 (2-01) • Student Activity Participation Enrollment • (Revised)

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

OPERATOR

Student Last Name <u>Williams</u>	Student First Name <u>Lander</u>	MO, Date of Birth <u>0 2 24 95</u>	State <u>9</u>
Address <u>1840 E 54th Ave</u>	City <u>Englewood</u>	State <u>9</u>	Zip <u>80120</u>
Phone <u>258.3951</u>	Fax <u></u>	E-mail <u>land.7@gl.net</u>	
School <u>Scale Canyon School</u>			

BEADY/COACHMAN

Student Activities Last Name <u>Williams</u>	Parent Activities First Name <u>Barbara</u>	MO, Date of Birth <u>12 24 95</u>	State <u>9</u>
Address <u>1840 E 54th Ave</u>	City <u>Englewood</u>	State <u>9</u>	Zip <u>80120</u>
Phone <u>258.3951</u>	Fax <u></u>	E-mail <u>land.7@gl.net</u>	

WISKEY/COACHMAN

Student Activities Last Name <u>Williams</u>	Parent Activities First Name <u>Barbara</u>	MO, Date of Birth <u>12 24 95</u>	State <u>9</u>
Address <u>1840 E 54th Ave</u>	City <u>Englewood</u>	State <u>9</u>	Zip <u>80120</u>
Phone <u>258.3951</u>	Fax <u></u>	E-mail <u>land.7@gl.net</u>	

VICTORY

Student Activities Last Name <u>Williams</u>	Parent Activities First Name <u>Barbara</u>	MO, Date of Birth <u>12 24 95</u>	State <u>9</u>
Address <u>1840 E 54th Ave</u>	City <u>Englewood</u>	State <u>9</u>	Zip <u>80120</u>
Phone <u>258.3951</u>	Fax <u></u>	E-mail <u>land.7@gl.net</u>	

ASAA T-6

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

PARENT

Student Last Name	Student First Name	PL	Birth Month	Grade
<u>Simmons</u>	<u>Mason</u>	<u>D</u>	<u>2</u>	<u>93</u>
Address	City	State	Zip	
<u>1840 E 24th Avenue</u>	<u>Phoenix</u>	<u>AZ</u>	<u>85028</u>	
Phone	Home	Cell		
<u>251-3951</u>	<u>251-70</u>	<u>get net</u>		
School	<u>Grace Christian School</u>			

ROBERT - GUARDIAN

Parent's Signature and Name	Parent's Signature, First Name	PL
<u>Simmons</u>	<u>Jack / Maria</u>	
Address	City	State
<u>1840 E 24th Avenue</u>	<u>Phoenix</u>	<u>85028</u>
Phone	Home	Cell
<u>251-3951</u>	<u>251-70</u>	<u>get net</u>

GRACE CHRISTIAN

Student's Last Name	Student's First Name	PL
Address	City	State
Phone	Home	Cell

PARENTS

Student's Last Name	Student's First Name	PL
Address	City	State
Phone	Home	Cell

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2009 - 2014 - Kinetics Fitness, Athletics Association - Boardwalk

ASAA

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ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

PARENT

Student Last Name _____	Student First Name _____	HS # _____	Date of Birth _____	Grade _____
Terraviva _____	Daniel _____	11	1-29-1996	10
Address _____	City _____	State _____	Zip Code _____	
3700 Sycamore Court SE	Astoria	Oregon	97103	
Phone _____	Fax _____			
(503) 325-0137	Home or Cell Phone _____			
E-mail _____				
daniel@terraviva.net				

PARENT/GUARDIAN

Parent/Guardian Last Name _____	Parent/Guardian First Name _____	HS # _____
Terraviva _____	Jane _____	8
Address _____	City _____	State _____
3700 Sycamore Court SE	Astoria	Oregon
Phone _____	Cell Phone _____	Work Phone _____
(503) 325-0137	(503) 325-0137	

STUDENT/ADVISOR

Student/Advisor Last Name _____	Student/Advisor First Name _____	HS # _____
_____	_____	_____
Address _____	City _____	State _____
_____	_____	_____

PRINCIPAL

Principal Last Name _____	Principal First Name _____	HS # _____
_____	_____	_____
Address _____	City _____	State _____
_____	_____	_____

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ASAA PARENT / STUDENT CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name _____	Student First Name _____	Mo _____	Date of birth _____	Gender _____
Address _____		City _____	Country _____	
Phone _____	Email _____			
Signature _____				

PARENT GUARDIAN

Parent/Guardian Last Name _____	Parent/Guardian First Name _____	Mo _____
Address _____		City _____
Country _____		Signature _____
Phone _____	Email _____	

COACH/TEACHER

Coach/Teacher Last Name _____	Coach/Teacher First Name _____	Mo _____
Address _____		City _____
Country _____		Signature _____

PERSONAL

Participant Last Name _____	Participant First Name _____	Mo _____
Address _____	Phone _____	Email _____

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ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name Thompson	Student First Name LACRINE	MO 11	Date of Birth 1-18-95	Grade 9
Address 750 40th St		City Anchorage	Zipcode 99518	
Phone (907) 245-4400	Email lacrine@alaska.net			
School South Anchorage				

EMERGENCY GUARDIAN

Parent/Guardian Last Name Sims	Parent/Guardian First Name Sims	MO 11
Address 5142		City Anchorage
Phone (907) 666-1	Email Thompson@alaska.net	

KIDNEY GUARDIAN

Guardian Last Name	Guardian First Name	MO
Address		City
Phone		Zipcode

PRINCIPLE

Principal Last Name	Principal First Name	MO
Address		City
Phone		Zipcode

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ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name	Student First Name	SSN	Date of Birth	Gender
Webster	John		12-24-94	M
Address		City	State	Zip
2870 Redwood Dr		Amherst	MA	01002
Phone	Home			
773-9157				
Religion				
Grace Church				

PARENT / GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	SSN
John Acker	John	
Address	City	State
2870 Redwood Dr	Amherst	MA
Phone	Home	
773-9157	773-561-1616 ext	

COACH/MANAGER

Coach/Manager Last Name	Coach/Manager First Name	SSN
Aron	Bob	
Address	City	State
	Amherst	MA

PRINCIPAL

Principal Last Name	Principal First Name	SSN
12150th	John	
Address	City	State
12150th	Amherst	MA

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ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

PARENT

Student Last Name:	Parent First Name:	HL	Year of Birth:	Gender:
Wong	Shirley Wong	A	7-19-84	
Address:	City:	State:	Zip:	
2000 1st St & Lincoln	San Francisco	CA	94114	
Phone:	Email:			
415-778-8888	shirleywong@comcast.net			
Religion:				
Chinese (Catholicism, Buddhism)				

PARENT / GUARDIAN

Parent/Guardian Last Name:	Parent/Guardian First Name:	HL
Wong	Shirley	A
Address:	City:	State:
2000 1st St & Lincoln	San Francisco	CA
Phone:	Email:	
415-778-8888	shirleywong@comcast.net	

COACH / ATHLETE

Coach/Student Last Name:	Coach/Student First Name:	HL
Wong	Shirley	
Address:	City:	State:

PARENT / GUARDIAN

Parent/Guardian Last Name:	Parent/Guardian First Name:	HL
Wong	Shirley	
Address:	City:	State:

2020

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ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

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CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**[illegible]

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

[illegible]**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**[illegible]

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

IDENTIFICATION			
CONSENT FOR PARTICIPATION I hereby give my consent for the above subject's name to be placed in a list of names of donors who have contributed information, knowledge or a representation of their views to a project or activity and for the above subject's name to be placed in a list of names of donors who have contributed information, knowledge or a representation of their views to a project or activity.			
Participant's name (print name)	Participant's signature	Date	
Angela Houston	Angela Houston	11.3.09	
URGENT CONTACT I understand that in the event of an emergency, my family and friends may need to be contacted. I hereby give my consent for my name to be placed in a list of names of donors who have contributed information, knowledge or a representation of their views to a project or activity and for the above subject's name to be placed in a list of names of donors who have contributed information, knowledge or a representation of their views to a project or activity.			
Participant's name (print name)	Participant's signature	Date	
Angela Houston	Angela Houston	11.3.09	
CONSENT FOR EMERGENCY MEDICAL TREATMENT I understand that in the event of an emergency, my family and friends may need to be contacted. I hereby give my consent for my name to be placed in a list of names of donors who have contributed information, knowledge or a representation of their views to a project or activity and for the above subject's name to be placed in a list of names of donors who have contributed information, knowledge or a representation of their views to a project or activity.			
Participant's name (print name)	Participant's signature	Date	
Angela Houston	Angela Houston	11.3.09	

**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

Continued

CONSENT FOR PARTICIPATION

Before your child can be placed in the program, parental consent is required in order to obtain District approval. Please return a copy of this form to the principal of the school your child is attending. This form must be completed for the first year, renewed annually, and is applicable to all activities.

Parent/Guardian Name (please print) _____ Family/Religious Institution _____ Sex _____
Teacher Name _____ Date _____

INSURANCE COVERAGE

Parents are responsible for providing adequate health insurance coverage for their children. If the child is not covered by health insurance, the parent must provide proof of coverage to the school. If the child is covered by health insurance, the parent must provide proof of coverage to the school. If the child is covered by health insurance, the parent must provide proof of coverage to the school.

Parent/Guardian Name (please print) _____ Family/Religious Institution _____ Sex _____
Teacher Name _____ Date _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned, hereby authorize the school to seek medical attention for my child in the event of an emergency. I understand that the school is not responsible for the cost of medical treatment. I understand that the school is not responsible for the cost of medical treatment. I understand that the school is not responsible for the cost of medical treatment.

Parent/Guardian Name (please print) _____ Family/Religious Institution _____ Sex _____
Teacher Name _____ Date _____

Return to: _____
10/20/2009

Parent/Guardian Name (please print) _____ Family/Religious Institution _____ Sex _____
Teacher Name _____ Date _____

907-345-7048 907-244-6222 ext. 350-370

ALL ILLA SCHOOL ACTIVITIES ASSOCIATION, INC.

10010 N. 10th St. • Suite 100 • Phoenix, AZ 85020 • Tel: 907-345-7048 • Fax: 907-244-6222 • www.illa.org

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ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

[illegible]

CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION

[illegible]

**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

Consent Form	
CONSENT FOR PARTICIPATION Parents give their consent to the above named student to participate in ALA's annual student activities (convention, annual assembly, a demonstration of musical ability, and take part in projects for the day) and agree that the above student will be responsible for himself or herself in all situations.	
Participant's name (please print) <u>Carmon Nobile</u>	Participant's signature <u>Carmon Nobile</u> Date <u>10-27-91</u>
EMERGENCY CONTACT Authorized parent or guardian of the above named student, hereby authorizes the above named student to participate in ALA's annual student activities (convention, annual assembly, a demonstration of musical ability, and take part in projects for the day) and agree that the above student will be responsible for himself or herself in all situations.	
Participant's name (please print) <u>Carmon Nobile</u>	Participant's signature <u>Carmon Nobile</u> Date <u>10-27-91</u>
CONSENT FOR EMERGENCY MEDICAL TREATMENT In the event of an emergency, the undersigned hereby authorizes the undersigned's child to receive medical treatment in the event of an emergency, including but not limited to, hospitalization or other medical treatment, at the discretion of the medical personnel. The undersigned understands that the undersigned's child may be required to receive medical treatment in the event of an emergency, and the undersigned understands that the undersigned's child may be required to receive medical treatment in the event of an emergency, and the undersigned understands that the undersigned's child may be required to receive medical treatment in the event of an emergency.	
Participant's name (please print) <u>Carmon Nobile</u>	Participant's signature <u>Carmon Nobile</u> Date <u>10-27-91</u>
ALA Student Activities Association, Inc. 4001 Laurel Street, Suite 202, Pittsburgh, PA 15201-1001 (412) 381-4001	

**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

[illegible]ASAA PARENT / GUARDIAN
 CONSENT FOR STUDENT
 TRAVEL AND PARTICIPATION[illegible]

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

[illegible]

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

[illegible]

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

CONSENT FOR PARTICIPATION	
I authorize my consent for the above named subject to participate in the <u>ASIAN & PACIFIC ISLANDER NATIONAL ANTHROPOLOGICAL ARCHIVES</u> study. I also give my consent for the use of the above named subject's data in the <u>ASIAN & PACIFIC ISLANDER NATIONAL ANTHROPOLOGICAL ARCHIVES</u> study.	
Participant Name (please print)	<u>Joanita Salas</u> <u>Participant Signature</u> <u>6/18/97</u>
INSURANCE COVERAGE I understand that the Asian Studies Board of Governors and National Science Foundation sponsored <u>ASIAN & PACIFIC ISLANDER NATIONAL ANTHROPOLOGICAL ARCHIVES</u> study is not insured against the loss of the above named subject's data. I understand that the above named subject's data is not insured against the loss of the above named subject's data. I understand that the above named subject's data is not insured against the loss of the above named subject's data.	
Participant Name (please print)	<u>Joanita Salas</u> <u>Participant Signature</u> <u>6/18/97</u>

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

[illegible]**ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION**

Consent for Fluoridation			
I hereby give my consent for the above named subject to fluoridate in FLUORIDE in order to obtain better health and to prevent the risk of dental caries. I understand that this consent is not intended for any other purpose and is not intended to be construed as a donation to the National Health Service.			
Parent/Guardian name (please print)	Parent/Guardian signature	Date	
Robert Wilson	Robert Wilson	29.9.92	
BLOOD DONOR CONSENT			
I understand that the above named subject is donating blood to the National Blood Service for the purpose of helping to supply the blood of donors to patients in need of blood. I understand that the blood of donors is used for the purpose of helping to supply the blood of patients in need of blood. I understand that the blood of donors is used for the purpose of helping to supply the blood of patients in need of blood. I understand that the blood of donors is used for the purpose of helping to supply the blood of patients in need of blood.			
Parent/Guardian name (please print)	Parent/Guardian signature	Date	
Robert Wilson	Robert Wilson	29.9.92	
CONSENT FOR EMERGENCY MEDICAL TREATMENT			
I understand that the above named subject is donating blood to the National Blood Service for the purpose of helping to supply the blood of donors to patients in need of blood. I understand that the blood of donors is used for the purpose of helping to supply the blood of patients in need of blood. I understand that the blood of donors is used for the purpose of helping to supply the blood of patients in need of blood. I understand that the blood of donors is used for the purpose of helping to supply the blood of patients in need of blood.			
Parent/Guardian name (please print)	Parent/Guardian signature	Date	
Robert Wilson	Robert Wilson	29.9.92	

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Cooperation

CONSENSUS FOR PARTICIPATION

I hereby give my consent to the above named subject's coverage in Alaska's wilderness magazine. I understand that the magazine is published by the Alaska Wilderness Federation, Inc. and is a non-profit organization. I agree that the magazine will not be used for any other purpose than to provide information to the public about the state of Alaska's wilderness.

Name/Location (under previous print): P. J. (Bob) Be Present Location (signature): [Signature] Date: 5-2-94

IRREVERSIBLE CONSENT

I understand that the above named Person's Signature and other information appearing on this form will be used in Alaska's wilderness magazine. I understand that the magazine is published by the Alaska Wilderness Federation, Inc. and is a non-profit organization. I agree that the magazine will not be used for any other purpose than to provide information to the public about the state of Alaska's wilderness.

Name/Location (under previous print): [Signature] Present Location (signature): [Signature] Date: 5-2-94

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent to the above named subject's coverage in Alaska's wilderness magazine. I understand that the magazine is published by the Alaska Wilderness Federation, Inc. and is a non-profit organization. I agree that the magazine will not be used for any other purpose than to provide information to the public about the state of Alaska's wilderness.

Name/Location (under previous print): [Signature] Present Location (signature): [Signature] Date: 5-2-94

ALASKA WILDERNESS FEDERATION, INC.

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