

**THOMPSON SCHOOL DISTRICT R2J
DISTRICT SPELLING BEE PROGRAM
PARTICIPATION PERMISSION FORM**

Date _____

Dear Families:

Your child has requested to participate in the district spelling program for the 2013-2014 school year. This program may include a school spelling team that meets to study spelling words, to learn bee rules, and to practice spelling strategies. Team meeting times and locations vary from school to school. Your child's team will practice at the following times and locations: _____

[How the team will be supervised]

Transportation to and from meetings (if outside the school day) and in-district events is the parent or guardian's responsibility. The District cannot and does not assume any responsibility for the safety of the driver or passengers, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

For more information visit <http://www.spellingbee.com>; contact Michelle Stout, Gifted and Talented Parent Liaison/Enrichment Program Coordinator, 613-5057 or michelle.stout@thompsonschoools.org; Linda Paradise, District Spelling Bee Program Coordinator at 970-532-0525 or paralj@hotmail.com; or your child's GT teacher.

Name(s) and phone numbers of sponsors/coaches (circle appropriate status):

| | | |
|--|----------------|-----------|
| | District Staff | Volunteer |
| | District Staff | Volunteer |
| | District Staff | Volunteer |

Please complete and return the bottom portion of this letter to the school by: _____

My child, _____, has my permission to participate in our school's spelling bee team, district bee, and, should they qualify, the state bee (middle school students only) during the 2013-2014 school year.

Your signature acknowledges that your child is being allowed to participate in the district spelling program, including a school spelling team, with the understanding that you accept the risks involved. You agree to indemnify and hold the Thompson School District R2-J, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this field trip/activity. Nothing in this Agreement shall be construed as a waiver by Thompson School District of any rights, immunities, privileges, monetary limitations to judgments, or defenses provided to Thompson School District by the Colorado Governmental Immunity Act, Sec. 24-10-101 et seq., C.R.S., as from time to time amended, or otherwise available to Thompson School District.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please provide your contact information:

Work/Home: _____ Cell: _____ Other: _____

Email: _____