



Kennett High School

Mini-THON Dancer Commitment Form

Dancer Name: _____ Grade: _____

Parent/Guardian Name(s) _____

Agreement:

I will be on my feet for the entire 8 hours of Kennett High School's Mini-THON Feb. 24th-25th from 10:00 pm until 6:00 am. I know that I am representing myself, my class, and my school, and therefore I will act with dignity and respect in all aspects of the day/night.

Dancer Signature

I allow my son or daughter to participate in Kennett High School's Mini-THON on February 24th & 25th, 2017:

Parent/Guardian Signature

Your \$10 registration fee and publicity and medical forms must accompany this paperwork! Make checks payable to the Kennett Consolidated School District (memo line should have Mini-THON + your name.) You may also pay in cash.

Kennett Consolidated School District

Publicity Release

Dear Parent/Guardian:

Photos, videotape footage and personal interviews with Kennett High School students who are involved in various school-related activities are often used as part of the district's community relations efforts (e.g. district publications, local television programs, newspapers, and on the school district's website).

By signing below you are granting permission to the School District to photograph or videotape the person named below. The photographs would be used in school-related publications, such as the district calendar, newsletter, district website and local media.

The Kennett Consolidated School District is sincere in its commitment to keep the public informed of the programs, activities, and events that are taken place in our schools. Without your permission, you child cannot be part of this endeavor. However, in situations in which large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

_____ I DO consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

_____ I DO NOT consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

Student's Name (please print)

Date

School/Grade

Parent's Signature

Date

Dancer Medical Information Form

Participants Name: _____ Grade: _____ Age: _____

Address: _____ Home Phone: (_____) _____

Family Physician: _____ Phone: (_____) _____
Address: _____

In case of an emergency, please contact:

Name: _____ Phone: (_____) _____
Relationship: _____

Name: _____ Phone: (_____) _____
Relationship: _____

Medical Information:

Please mark an "X" next to any medical condition that applies to your current or past medical history. Please use the additional space to briefly explain.

_____ Asthma	_____
_____ Diabetes	_____
_____ Emphysema	_____
_____ Epilepsy	_____
_____ Heart Problems	_____
_____ Other	_____

Medications: (List medications you are currently taking.)

_____	Dosage _____	Times _____
_____	Dosage _____	Times _____
_____	Dosage _____	Times _____

My son/daughter, _____, may receive the medication listed above at the specified times by the attending school nurse or emergency medical technician during the Mini-THON.

Parent/Guardian Signature _____ Date_____