

**Walk to School Day**

**October 5, 2016**

This year we are excited to participate once again in the city-wide walk to school day! You can participate by walking to school with your family, joining a “walking school bus” to walk to school with guardian approval, or walking to your regular bus stop. Everyone who participates will receive a prize! If you want to participate in a walking school bus, routes will be available on the PTSA website: www.spiritridge.org.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print), has my permission to participate in the Walking School Bus program on Walk to School Day, October 5, 2016.

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

By signing below I understand, acknowledge, and agree that:

1. In the case of a missed “bus time” I am responsible for my child’s transportation to/from school.
2. Participation is completely voluntary and that participation is at “my own risk”. I understand that measures will be taken to provide for my child’s safety; however, I will not hold the members of Spiritridge Elementary, the Bellevue School District, its board members, its employees, or the Spiritridge PTSA liable should any incident occur.
3. If my child becomes ill or is injured during their participation, someone will attempt to contact me or an emergency contact at the numbers below:

Parent/Guardian Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name & phone number (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions please contact Melissa Saunders at melissasaunders91@gmail.com