



**MOANALUA HIGH SCHOOL
CO-CURRICULAR CLUB PERMISSION FORM**

NAME OF CLUB: Math Team **ADVISOR:** Mr. Jason Nagaoka
SCHOOL YEAR: 2018 to 2019

(NOTE: All information below is for the advisor only and will not be shared between club members.)

Name of student: _____ Grade: _____

Student's Email Address: _____
(Please PRINT clearly!)

Student's Cell Number: _____ Parent's Cell Number: _____

Parent's Name/Relationship: _____ / _____

Parent's Email Address (optional): _____
(Please PRINT clearly!)

Home Address: _____ Apt. #: _____

City: _____ State: HAWAII Zip Code: _____

Club Dues (non-refundable after August membership drive period): \$ 0.00

I hereby grant permission for my son/daughter to be a member of the club listed above. I fully understand that this is a voluntary co-curricular club and that certain activities such as service projects on or off campus and during or after school hours MAY be required as part of being a member in good standing. I also understand that the advisor will take all necessary precautions when club activities are happening and that all necessary forms for my permission, if needed for projects, will be provided in a timely manner. (If paying club dues by check, make it out to: MOANALUA HIGH SCHOOL.)

(Parent's Signature) Date: _____



Parent/Legal Guardian Authorization for
Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

ASAP to Mr. Jason Nagaoka, Math Team Coach
(Date) (Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: O'ahu Mathematics League competitions School: Moanalua High School

- Moanalua High School (09/22/2018)
Kailua High School (10/20/2018)
Kamehameha Schools (11/17/2018)
McKinley High School (01/19/2019)
Kaiser High School (02/09/2019)
Waipahu High School (03/09/2019)

Organization: Math Team Place: Campbell High School (04/06/2019)

Teacher/Advisor: Mr. Jason Nagaoka Dates: See above Times: 8:00 a.m. to 12:00 p.m.

Mode of Transportation: Student provides own
a. Transportation: (\$ N/A)
b. Entrance Fee: (\$ N/A)
c. Other Costs: (\$ N/A)
d. Total Cost: (\$ N/A)

Parental Permission
(To be completed by Parent/Legal Guardian)

Name of Student: Home Phone:

Emergency Contact/Relationship: Phone:

Check as appropriate:

- My son/daughter has permission to attend the above activity.
My son/daughter does NOT have permission to attend the above activity.

Medical Insurance Coverage (For information only. Medical insurance is NOT required for travel.)

- My child has medical coverage with: (Name of Plan, e.g. HMSA, Kaiser, Military, etc.)
My child is not covered by any medical insurance plan.

Private Vehicle Usage

- My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)
My son/daughter may ride in a vehicle driven by an adult to the activity.

I grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or Type Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date