

**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
STUDENT PARTICIPATION IN DISTRICT AND NON-DISTRICT SPONSORED CLUBS, EVENTS, AND
ACTIVITIES**

Refer to school board policies 2430 and 5730 for District and Non-District Sponsored Criteria

X _____
School Name

X _____
Date

X _____
Student Name

X _____
Grade

Activity/Event: Melbourne High School Robotics Meetings
List activity/event

ON See * below
Date(s) and time of Event

Bertram Johnson
Adult Supervisor

LOCATION OF EVENT/ACTIVITY Melbourne High School, Bldg. 8, Room 821

NATURE OF EVENT/ACTIVITY Participate in learning STEM and STEAM principles and
apply them to real world robotics

Staff/Guests who will be present during event/activity up to 15 mentor from various industries; all fingerprinted and background checked

Parents should direct questions concerning the activity to the school office

Name Bertram Johnson
Adult Supervisor

Telephone: (321) 952-5850 (413) 884-3432
(School Number) (Mobile Phone)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified.
3. The parent or guardian and student understand that the school district, its officers, agents, or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity/Event..

X Granted Denied Granted with the following exceptions: _____
(Describe)

X _____
Student Signature – Date
(Optional for Elementary School)

X _____
Parent/Guardian Signature– Date
(Required for all)

* Every Monday and some Saturdays, until January 2026. Then every weekday, plus Saturdays and Sundays for the remainder of the school year.