

PALO VERDE ANNUAL ICE SKATING SOCIAL PARTY



**Winter Lodge Ice Rink
Saturday, January 10, 2015
5:30 - 7:30pm
Rain or Shine**

\$17 per skater (includes skate rental)

The PTA will provide pizza and drinks for all skaters!
Each family is encouraged to bring baked goods to share
Ticket Table opens @ 5:15pm/ Doors open @5:30pm

Please fill out the form below and an event waiver (one per family) print and return with a check made out to Palo Verde PTA

please submit your payment & forms by **Friday, December 19, 2014**

Questions?

Email Kala Mehta Lansberg at kala.mehta23@gmail.com

January 10, 2015 Palo Verde Ice Skating Party

Include: 1) This form 2) One waiver per family 3) Payment for skating

Name: _____

email: _____

Skaters: _____ x \$17/person = Total amount: \$ _____

Viewing/not Skating: Adults _____ Children _____

Can you bring baked items to share?

We need individual portions of cookies, brownies, cupcakes, etc...

Yes _____ No _____

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in
Name of Minor
Ice Skating Party on January 10, 2015
at Winter Lodge, Palo Alto from 5:30 pm to 7:30 pm
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) _____,
Son, Daughter
myself, my (our) heirs, executors and administrators, remise, release and forever discharge
Palo Alto, Palo Alto Council, 6th
PTA Unit PTA Council PTA District

and the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify

the minor is my (our) _____ and that his/her date of birth is _____,
Son, Daughter

and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none.")

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone

Alternate Adult:

Print Name

Address City Phone

