



**Asa Mercer Middle School/Seahawks Academy  
After School Activities Program (ASAP/Gear-up) Permission Slip  
2005 Winter/Spring session**

Instructions for Parents:

1. To register your student(s), read and complete both sides of this form and sign where required.
2. **All activities require mandatory attendance.** All students who sign up will be assigned to a specific activity. Attendance will be taken daily and is required so that parents/guardians know when and where students are on specific days. Students not inside their classrooms by 2:30pm must leave the school campus.
3. Have your student return this form to the main office.
4. **Unless otherwise notified, classes will start on the day and time specified.**
5. **Buses will depart between 4:30-4:45pm.**

I hereby give my consent for my child \_\_\_\_\_ to participate in Asa Mercer Middle School/Seahawks Academy's After School Activities Program being sponsored by the Seattle Public Schools and the Seattle Department of Parks and Recreation. I will not hold the City of Seattle, the Department of Parks and Recreation, the Department employees, the Seattle School District and employees, or any volunteer or staff associated with the above program responsible for any injuries, damage, or personal loss incurred while participating in ASAP activities

I give permission to the Seattle School District and/or the City of Seattle to use photographs or the name of my student in its displays or media releases. I understand that these photographs will not be sold or used for commercial purposes.

I have discussed appropriate behavior with my child and I understand that my child must follow all school rules while in the program and on all ASAP related events, or he/she will face discipline under normal school policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Name of Activities child is signing up for:  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Bus Rte# \_\_\_\_\_ Gender: \_\_\_\_\_

**\*\*Student ID Number:** \_\_\_\_\_ Block Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\* My Child is allowed to participate in ASAP half day activities on the following days:

**1/26, 2/9, 3/2, 3/16,  
3/30, 5/18**

\_\_\_\_\_  
Parent/Guardian Signature

\*half day activities are for **Wednesday** participants **ONLY!** Classes will run from 12:30pm- 4:30pm.

**All Activities begin at 2:30 and end at 4:30. Students not in their assigned activity by 2:25 must leave campus immediately.**