



PERMISSION SLIP



Challenge Day is a powerful and transformational day that can change the way people view each other forever. It is a day of fun, friendship and new possibilities. The goal of the Challenge Day Program is to build community and to help stop the teasing, violence and alienation that is so deeply a part of the school experience for millions of young people every day.

Challenge Day will run from November 1st- November 2nd from 7:45 to 2:45 in The Maki Center. If your child is selected, s/he will be notified of the date of participation and will be expected to arrive on time.

Your School Coordinator: Mrs. Kim Christiansen can be reached at (262)862-2351.

For more information about Challenge Day, please contact your School Coordinator at the above phone number. You can also visit www.challengeday.org or contact Challenge Day at (925)957-0234.

Please return the form below to **ROOM 120 (Christiansen), ROOM 121 (STEP), or the Main Office** by **MONDAY, OCTOBER 2ND**.

I give my permission for my child/ward to participate in the Challenge Day Program. I understand that the event is not required and that my child's/ward's participation is voluntary. I further understand that Challenge Day and the sponsoring school/organization, its officers, employees or agents assume no liability either directly or indirectly for injury or accident resulting from or in any way connected with this event.

I understand that the Challenge Day Program will deal with a wide range of issues such as leadership, self-esteem, social oppression, drug abuse, violence, racism and teasing. I also understand that the program will be fun, empowering, eye-opening and emotional. I have read the attached letter and have discussed confidentiality with my child/ward and support his/her participation. I further understand that my child/ward may be invited to participate in future Challenge Day Programs at his/her school, that members of the print and film media may be present at this event and that my child/ward may be photographed, interviewed or quoted as a participant in this program.

I have carefully read this statement and fully understand its contents. I am aware that this is a release of liability of Challenge Day and the sponsoring school/organization, its officers, employees or agents.

I give my permission for my child/ward (first & last name) _____ to participate in the Challenge Day to be held at Wilmot Union High School on November 1st OR November 2nd

Student Information:

Has your son/daughter participated in Challenge Day as a student at Wilmot High School before? **Y** **N**

My son/daughter is a (circle one): Freshman Sophomore Junior Senior

Gender _____

Parent Name (please print) _____

Parent Signature _____ Phone Number _____