



LENAPE REGIONAL HIGH SCHOOL DISTRICT SHAWNEE HIGH SCHOOL

www.lrhhsd.org

600 TABERNACLE ROAD
MEDFORD, NJ 08055

609-654-7544
FAX: 609-654-5509

MATTHEW CAMPBELL, *Principal*

Name of Applicant: _____

Address: _____

PARENT'S OR GUARDIAN'S AUTHORIZATION FOR PUPIL'S PARTICIPATION IN APPROVED VOLUNTARY CLASSROOM ACTIVITY, INTERSCHOLASTIC ATHLETIC ACTIVITY AND RELEASE OF CLAIMS.

As the parent or guardian of _____ (Pupil's name), I do hereby request and authorize the
Principal of Shawnee High School to permit my child or ward to participate in the (activity) _____
_____ (inclusive of customary trips in connection with such activity) during the school
year _____ understand that physical hazards may be involved in the above described activity, and I do hereby accept
full responsibility for his/her acts while so engaged and in consideration of permission granted child or ward to participate
in the above described activity. I hereby specifically release the Lenape Regional High School District, its officers and
members of its Board of Education, and the faculty, employees and agents of said property real or personal caused by,
occurring in connection with, or arising from the above described school activity.

My child/ward has health concerns that need to be addressed during the school trip.

- No
- Yes, please explain (such as asthma, diabetes, etc.) _____
- My child carries an epinephrine auto-injector

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily with full knowledge of its
significance.

Signature (Parent or Guardian): _____

Signature (Pupil): _____

Date: _____

Note: Among the approved voluntary out of classroom school activities are Athletic Practices, Games, Contests, Dramatic
Presentations, Orchestra, Band Clubs, Cheerleading, Student Government Activities, Field Trips and the like.

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