

TMHS SILVER STARS DANCE CLINIC

Come dance with the Stars!

Release Statement & Pick-up Authorization

My child, _____, has may permission to attend the Silver Stars Team Dance Clinic on October 17th at Tomball Memorial High School. The Tomball Independent School District, its employees, the Silver Stars Drill Team, the Silver Stars Booster Club, its directors and members will not be held responsible in the event of injury or accident.

I understand refunds will not be issued after September 30th. Thereby grant the Silver Stars Booster Club the right to photograph my dependent and use the photo for publication, whether electronic, via the Internet, or print via newspaper. No names will be published.

All participants are required to wear a mask and will follow the health and safety protocols of our district and the Harris County Department of Health. In case of accident or serious illness, I request that those in charge contact me. If the person in charge is unable to reach me, I hereby authorize them to call the physician and/or other contacts listed below and follow given instructions.

I understand my child will not be released to anyone except me unless other arrangements have been made with the person in charge. I must make these arrangements in person when dropping my child off at the event.

Parent/guardian signature _____ Phone _____

Physician name (required) _____ Phone _____

Individual authorized to _____ Date _____

Pick up (if different from above)