

**A Youth Leadership Summit for PMS Students
Thursday, December 7, 2017
Pelham Country Club
8:15am-2:30pm**



RETURN THIS FORM TO THE PMHS MAIN OFFICE BY WEDNESDAY, DECEMBER 1, 2017

I give permission for _____ to participate in a day-long youth summit for PMS students.

- I understand that the Summit will convene approximately 100 students from Pelham Middle School.
- I understand that the theme of this Summit is: *Social Media for Positive Leadership and Change*. The topics discussed during may include leadership, making healthy and substance-free choices, and creating a vision for change. Students will meet in small groups to talk about issues that concern them. These topics may include stress, substance use, risky behaviors, bullying, and peer pressures.
- I understand the Summit is being hosted by the PACT Coalition.
- I understand that the Summit will be held on Thursday, December 7, 2017, an early release day.
- I understand that bus transportation will be provided to and from PMS to the Pelham Country Club, where the Summit will be held. Students should meet at the front entrance of the middle school at 8:15am.
- I understand that participation is voluntary. Any student who chooses to participate must attend the entire event from 8:15 am to 2:30 pm. For participants, this event is not a Pelham Middle School sponsored trip. However, it is considered an out of school education experience and will qualify as an excused/legal absence from school.
- Participants will receive 5 hours of community service.
- I understand snacks and lunch will be provided.
- I understand that pictures and/or videos of my child may be taken at the Summit and hereby agree and consent to the use of these pictures and/or videos by PACT for promotional or any other purposes.

Does the participant have any medical problems we should be aware of? _____

Are there any dietary needs or restriction we should be aware of? _____

Does the participant have any allergies or any other limitations? _____

If yes, please explain: _____

BOTH PARENT AND STUDENT MUST SIGN PERMISSION SLIP

Parent Signature: _____ Date: _____

Email: _____ Cell: _____

Student Signature: _____ Date: _____

Email: _____ Cell: _____

