Commitment Form

Name: _________________________________________   Grade: ________________
Email Address:  ___________________________________________________
Cell Phone: (______) _______________   Home Phone: (______) _______________

Information of Parent/Guardian(s)
Name: ______________________________     Relation to Participant: __________________
Phone: __________________________     Email: _____________________________________

The cutoff to raise $50.00 and get a T-Shirt is March 1, 2020.
T-Shirt Size (Circle): S   M   L   XL   XXL

1st semester First Block Teacher’s Name ______________________________
2nd semester First Block Teacher’s Name ______________________________

Student Agreement:
I will be on my feet for the entire seven hours of Urbana High School’s Mini-THON to
benefit the fight against Pediatric Cancer, on Saturday, March 14, 2020 from 5:00 p.m. -
11:00 p.m. with the exception of a medical or family emergency. I will be an active
participant in games and activities. I know that I am representing myself, my class, my
school, and am participating in the event for children suffering from pediatric cancer, and
therefore I will act with dignity and respect in all aspects of the event. Failure to comply
with the school rules will forfeit my participation from this and future Mini-Thons, and I
will NOT get a refund. I also recognize that if I leave I will not be allowed back in, nor will I
be allowed to enter late.

Dancer Name ___________________________  Dancer Signature ______________________________

Parent/Guardian Agreement:
I allow my child to participate in Urbana High School’s Mini-Thon on Saturday, March
14th, 2020 from 5:00 p.m. to 11:00 p.m. I understand the event is for charity purposes. I
will ensure that my child has transportation home after the event and is not driving him or
herself because of the exhaustion he/she may feel.

Parent Name ___________________________  Parent Signature ______________________________
Publicity Release

Dear Parent/Guardian:

Photos, videotape footage and personal interviews with Urbana High School students who are involved in various school-related activities are often used as part of the district's community relations efforts (e.g. district publications, local television programs, newspapers, and on the school district's website).

By signing below you are granting permission to the School District to photograph or videotape the person named below. The photographs would be used in school-related publications, such as the district calendar, newsletter, district website, and local media.

FCPS is sincere in its commitment to keep the public informed of the programs, activities, and events that are taking place within our schools. Without your permission, your child cannot be part of this endeavor. However, in situations in which large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

______ I DO consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

______ I DO NOT consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

___________________________________                         _____________
Student’s Name (Please Print)                          Date

___________________________________                          _____________
Parent’s Signature                                               Date
Medical And Contact Information

Participant Name: _________________________________  Grade: _____  Age: _____  
Address: _____________________________________  Home Phone: (______) _______________  
Family Physician: _____________________________  Phone: (______) _______________  
Physician Address: _____________________________________

Emergency Contacts: 
Name: _____________________________  Phone: (______) _______________  
Relationship: _____________________________

Name: _____________________________  Phone: (______) _______________  
Relationship: _____________________________

Medical Information: 
Please mark an “x” next to any medical condition that applies to your current or past medical history. Please use the additional space to briefly explain.

_____ Asthma  ______________________________________
_____ Diabetes  ______________________________________
_____ Emphysema  ______________________________________
_____ Epilepsy  ______________________________________
_____ Heart Problems  ______________________________________
_____ Other  ______________________________________

Medications: (List any medications you are currently taking.)
__________________________ Dosage ___________________ Times ___________________  
__________________________ Dosage ___________________ Times ___________________  
__________________________ Dosage ___________________ Times ___________________

My child, _____________________, may receive the medication listed above at the specified times by the attending school nurse/medical technician at Mini-Thon.

Parent/Guardian Signature ____________________________________ Date _______________