



Student Permission Form STARBASE Louisiana

Please type or print clearly and return to your child's teacher.

Child's Name _____

Parent's Name _____

Street Address _____ City _____

State _____ Zip _____ Cell Phone (____) _____

Work Phone (____) _____ Teacher _____

For statistical reporting, please indicate the following:

Military Dependent Y / N

Hispanic: _____ Non-Hispanic: _____

Am Indian or Alaskan Native: _____ Asian: _____ African American: _____

Hawaiian Native or Pac Islander: _____ White: _____ Multiracial: _____

Language most often spoken at home: _____ English _____ Other (_____)

HOLD HARMLESS/PHOTO RELEASE

I hereby grant permission for my child or dependent to participate in the STARBASE Program and its affiliated activities at my child's school. I give permission for my child to be included in photography and video while at STARBASE. I consent to the release of said pictures or videos for informational or promotional use with the understanding that my child's name will never appear in conjunction with the use of a photograph.

I agree not to hold the US Government, STARBASE Louisiana or any staff or representatives liable in any way for accidents which could occur while my child is engaged in STARBASE activities. I also understand that the STARBASE staff reserves the right to terminate participation should my child become a danger to themselves or others as determined by the STARBASE Louisiana and participating school staff.

Parent's /Guardian's Signature

Date



Please return this permission form to your child's teacher. If you have any questions, please feel free to call STARBASE Louisiana before permission slips are due. STARBASE Louisiana and the 307th Wing of the Air Force Reserve Command are honored to provide this educational experience and we look forward to working with your child!