

SAMPLE

Plan for Meeting Outside of School
INDIVIDUAL ACTIVITY

To be completed by mentor:

- Check one:
 - Mentor Providing Transportation (*current documentation noted in the bottom box must be provided)
 - Mentor NOT Providing Transportation (to be provided by __parent ____ bus __student __ other _____)
- LIST THE SPECIFIC EVENT YOU WILL BE ATTENDING, INCLUDING MEETING TIME, DATE AND PLACE.
 Event: Salt Dog Game Time: 6:30 pm Date: August 9, 2010 Place Hay Market Park
- Name of Third Party Bob Jones Relationship brother Age 42
* Third Party Must be 18 Years of Age or Older
- _____
 Mentor Name (please print) Mentor Signature Date

All parties involved must sign the plan in order for it to be valid. **Copied or faxed forms are not acceptable. If all parties have not signed this form or the visit has not been approved by the TeamMates Coordinator, your role as a volunteer with the TeamMates Mentoring Program may be terminated.**

- It is recommended that mentors keep a copy of the completed Plan to Meet Outside of School Form.
- It is **mandatory** that a mentor and their student be accompanied by a third party when meeting outside of the school **and** when providing transportation to or from the meeting or activity. This includes public locations.

To be completed by the mentee's parent or guardian.

PARENT OR GUARDIAN: Please sign below if you agree to this outside of school visit. Your signatures indicate that you agree to accept responsibility for this visit. All highlighted parts must be completed in order for it to be valid. If all parties have not signed this form your child will not be eligible to attend.

Participation Waiver: I know that participating in this event is potentially hazardous. I should not enter unless I am medically able. I agree to abide by any decision of the TeamMates officials relative to my ability to safely complete the event. I assume all risks associated with this event including, but not limited to, falls, contact with other participants, volunteers or spectators, the effects of the weather including heat, cold or humidity, traffic and the conditions of the road, trails and other parts of the route, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and considerations of your accepting my entry, I hereby certify that I am medically able to participate in this event and I, for myself and anyone to act on my behalf, waive and release TeamMates Mentoring Program, officials, volunteers and sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all the foregoing to use photographs, motion pictures, recordings or any other record of this event for legitimate purpose.

Does your child have a medical condition that we should be aware of? Yes ____ No X

Any known allergies? Yes ____ No X

If yes, what is the condition? _____

Emergency Contact: Sally Smith 432-4324 Doctor name and phone number: Dr. Paul 465-4654

Sally Smith 7/16/10

Parent or Guardian Signature

Date

Stan Smith

7/16/10

Student Name (print)

Student Signature

Date

School Facilitator Signature

School

Date

***To be completed by the TeamMates Office if mentor IS providing transportation:**

- Valid Driver's License Copy
- Auto License Plate Number _____ State where vehicle is licensed _____
- Proof of Automobile Insurance
- Proof of Liability Insurance documenting coverage amount (The minimum amount of personal liability insurance that a mentor must have in place is \$100,000/\$300,000 (each person/each accident respectively).
- All Background Checks completed

I have reviewed this form and approve of this out of school meeting. _____
 TeamMates Office Date

Return to TeamMates School Facilitator or mail to TeamMates of LPS at 5901 O Street. (68510)

Date received at Central Office _____

Initial