

Lee Academy *for Gifted Education*

Permission to Participate in Off-Campus Activities

Student _____

Address _____

Phone Number _____ Birthdate _____

Parent/Guardian _____

I herewith give my permission for _____
to participate in any and all activities scheduled by Lee Academy, including sports
and field trips away from the campus, and release Lee Academy from liability in the
event of accident or illness resulting from such field trip and/or sports activity.

(Parent/Guardian)

(Date)

Notary Public _____

State of Florida

My Commission Expires:

(This form must be notarized)