

Snohomish High School Panther Pal Application – 2019-2020 High School Form

Please make sure you address all the information below. Registrations are due no later than **Wednesday, October 9, 2019**. Return completed form to **D303 or Mrs. Hesselgrave's mail box** in the main office.

** Required – Please print*

First Name * _____

Last Name * _____

Phone Number * _____ E-mail _____

Please list the best phone number to contact you.

Grade * _____ Gender * _____ 1st Period Teacher * _____

Which elementary school did you attend? * If you did not attend an elementary school in the Snohomish School District, please list "Other." _____

Favorite Activities - Please circle three activities of interest that will help in making a suitable Panther Pal match.

Art	Band/Music	Baseball	Choir/Singing
Basketball	Cheerleading/Dance	Debate	Cross Country/track/Running
Golf	Football	Animals	Soccer
Softball	Swimming/Diving	Tennis	Volleyball
Wrestling	Other _____		

Specific Panther Pal request. If you would like to request a specific Panther Pal, including the same Pal from last year, please indicate that person's name and school. Please remember that there are no guarantees that this request will be possible. Name: _____ School: _____

Parent Permission * I give permission for my son/daughter to be enrolled in the Snohomish School District's Panther Pal program. I am fully aware of any risks inherent in participating in this type of activity. Being fully informed as to these risks, I hereby consent to my child participating in the activity. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify Snohomish School District for any claims brought by the minor, or others due to the negligence of the minor. I have also read and understand the information contained in the parent letter concerning the Panther Pal program.

I give permission I do not give permission Parent Name *

Parent Name* (please print) _____

Parent Signature* _____ Date _____

Teacher Recommendation * Please list a teacher below that you believe will give you a positive recommendation for your participation in Panther Pals. The teacher will be asked to address your maturity, reliability and ability to serve as a role model.
