



Name: _____

ID#: _____

THIS PARTICIPATION FORM IS DUE BY JANUARY 25th, 2019

Circle your campus

PHS	CHS	HHS	WHS	Pace	CMS	DMS	KLMS	PCMS	PMS	WMS
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Circle your grade level

6 th	7 th	8 th	9	10	11	12
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The Big Event - Participation Form

The PfISD Big Event is Pflugerville’s version of The Big Event. The Big Event is a giant one-day community service project held around the world each year that will take place in the Pflugerville community on Friday, March 8th. Any student of a PfISD High School, Middle School, or PACE is eligible and encouraged to participate. To participate, **you must be passing all of your classes at the 2nd nine-week report card.** Participants will perform pre-selected jobs in the neighboring community and will be accompanied by an adult and a student leader. Jobs will include, but are not limited to; raking leaves, cleaning windows, spreading mulch, planting flowers, and small maintenance projects.

Are you able to do manual labor? Yes No						
REQUESTS: Have you suffered from any of the following in the last 12 months:						
<i>Medical Conditions</i>	Asthma	Concussion	Diabetes	Migraines	Seizures	Heat Illness
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Allergies (please list)</i>						
<i>Other (please list)</i>						
Do you routinely visit the nurse on a daily basis? Yes No If you circle yes, please explain the reason in the space below.						



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The Big Event - Student Waiver

I hereby give consent for the above named student to participate in the PFISD Big Event and travel on the Pflugerville ISD school buses to the designated job sites. I also agree to be responsible for the safe return of all equipment issued by the school to the above names student and will pay for any and all lost, stolen, or damaged equipment. Neither Pflugerville Independent School District NOR the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, and nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians, and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Parent Name: _____ Phone Number: _____
Parent Signature: _____ Date: _____
Student Signature: _____ Date: _____

Emergency Contact Name: _____
Relation: _____ Phone Number: _____

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*Students: the final step is to sign up for our 2018-19 The Big Event Remind 101 so you can receive information and updates as the event approaches!

***** REMIND 101: To receive messages text @bigevent1 to 81010 *****

Upon completion of the jobs students will be returned to their campus via Pflugerville ISD buses.