

Crocker Highlands
WALK-A-THON

OAKLAND, CALIFORNIA

Participation Form
Due Fri. September 27th to classroom teachers

All walkers must be supervised by a responsible adult. This is not a drop off event.

_____ has my permission to
student name teacher gr.
participate in the Crocker Highlands' Walkathon, on **Saturday, October 5, 2019**
I understand that they will need to be supervised by a responsible adult.

_____ _____
Name of parent or guardian Signature of parent or guardian

I will be attending the event. In case of an emergency, you can reach me at
_____ or _____ the day of the event.
cell number cell number

I will bring a water bottle for my child.

I will not be attending the event. My walker will be supervised by
_____.
name
They can be reached at _____ the day of the event.
cell number

If your child has physical limitations, or you need any accommodations
or have any concerns, please reach out walkathon@crockerschool.org

