

Sqord Active Play Program

3rd - 6th
GRADE
ONLY



Sqord Permission Slip

3rd - 6th GRADE ONLY

I give my permission for my son/daughter _____ to
(circle one) (print participant's first and last name)
participate in the Sqord Program offered by _____ and
(P.E. teacher's name)
_____ at _____
(classroom teacher's name) (print name of child's school)

My child's participation is voluntary and requires my permission. With my permission, my child will receive, at no cost, a Sqord Booster. Information about Sqord is attached to this Permission Slip.

The devices are funded by Providence Health & Services – Alaska. In addition to funding, Providence may be providing ASD staff support to include registering devices for students. In granting permission for my student to participate, I also grant ASD permission to provide a copy of this completed Sqord Permission Slip to Providence. I understand that Providence will keep this Permission Slip confidential and will only use the information to facilitate my student's participation. I release ASD and Providence from any loss, damages or other liability arising from program participation.

Activity numbers for the participant's will be viewable by all participants. Parents of participants will see only their child's numbers through the parent portal on the platform. See attached information for screen shots of examples of what views are available to parents and participants.

The Anchorage School District will be working with UAA to evaluate Sqord data and determine how technology can affect physical activity and health. For further information visit <http://www.iser.uaa.alaska.edu/research/appliedsocial/>

I have read and understand this document and permit my child to participate in the Sqord Program.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (please print clearly)

DATE

PHOTO RELEASE (please initial below)

_____ I give consent for photo or video images of the person named above to be included in communications describing the Sqord Program such as routine use in newsletters, video and other communications by my school, and/or general media releases. Refusing consent to this release does not preclude my child from participating in the Sqord Program.

Please return signed permission slip to your PE teacher by ~~Wednesday, January 25, 2017.~~

Mon. Feb. 27th