

**Instructions:** Please complete all sections and return this form with payment. Your child will not be admitted without a complete permission slip.

**Walter T. Bergen School PTA “Bobcat Bash” Teen Canteen**

**Event Date:** Friday, February 6, 2026

**Location:** Walter T. Bergen Middle School

**Time(s):**

- 5th/6th Grades: 5:30-7:30pm
- 7th/8th Grades: 8:00-10:00pm

**Cost:** \$10 per Student

I, \_\_\_\_\_ (parent's/guardian's name), permit  
\_\_\_\_\_ (full name of student) to participate in the Teen Canteen.

Student's Session:      ☐ 5/6<sup>th</sup> Grade (5:30-7:30pm)      ☐ 7<sup>th</sup>/8<sup>th</sup> Grade (8:00-10:00pm)

By signing below, I acknowledge and agree with the following:

- 1. Student Conduct**
  - My student will follow all school rules and policies during the event. If my student experiences any behavior issues, I will be required to pick them up promptly.
  - My student will treat peers and chaperones with respect.
- 2. Dress Code**
  - My student will wear appropriate dance attire. Clothing must not have holes, display negative messages, or expose undergarments or private areas.
- 3. Event Details**
  - The Teen Canteen will be supervised by Parent Chaperones. Once a student enters the Teen Canteen, they may not leave without parental permission.
  - No Cell Phones are permitted to be out during the event.
- 4. Pick-Up Responsibility**
  - I am responsible for ensuring that I or the designated contact listed below picks up my student on time at the end of the event.

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**Emergency Contact**

- **Name/Relationship:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

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**Pick-Up Information**

- Will you pick up your child? ☐ Yes ☐ No      If No, please provide name and phone of person picking up:
  - **Name:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_

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**Photo Release**

- May we post pictures of your child on social media? ☐ Yes ☐ No

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**Parent/Guardian Signature**

- **Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_