



SKATETIME
School Programs

PERMISSION SLIP

Dear Parent or Guardian:

Beginning on Monday February 22 , our Physical Education classes will be participating in an in-house skating program. The skates will be delivered directly to the school. We will be exclusively using Skatetime's skates. This skating unit is being implemented because of its emphasis as a "Lifetime Activity". Skating provides a variety of benefits, which include balance, coordination, motor skills, and a top rated cardio-respiratory workout. Students will also learn basic skating skills such as starting, stopping, forward skating, backward skating, cornering, and a number of safety tips for being a smart skater.

The fee for this unit will be \$9.00 per student. The fee includes delivery and pickup of the equipment as well as use of the skates for 2-4 days of skating during normal P.E. Class. Please have your child return the bottom portion of this permission slip with the fee no later than Friday, March 04 .

I, (Print Student Name) _____, am aware and I acknowledge the risk and responsibilities involved in this activity. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I recognize the importance of following the instructions for relevant techniques, rules of participation, and I agree to obey such instructions

I hereby consent and grant permission for the above named student to participate in the program described and associated activities provided by Skatetime School Programs® and Holy Spirit School.

I acknowledge the risk and responsibilities involved in this activity. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

I further authorize the School officials to take the proper steps to provide medical attention should participant be injured while participating and I understand that I or my insurance, will be responsible for the medical expense.

Teacher: _____

Class Period: _____

My child's shoe size is _____ Circle [Girl] [Boy]

Quad \$ _____

Please make checks payable to Holy Spirit School

Signature of Student _____

Signature of Parent/Guardian _____

If participant is under age of 18 as of date of activity.