



SKATETIME  
School Programs

# PERMISSION SLIP

Dear Parent or Guardian:

Beginning on September 25, 2017, 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 \$10 per student. The fee includes delivery and pickup of the equipment as well as use of the skates for 2-4 days skating during normal P.E. Class. Please have your child return the bottom portion of this permission slip with the fee no later than September 05, 2017.

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 \_\_\_\_\_

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.

: My child \_\_\_\_\_ will not be participating in the skating program.  
Please do not charge my smart tuition account for this activity.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_