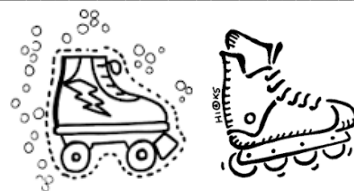




Teacher Name: _____

Grade Level: _____

Combo Quad or Inline Permission Slip



Beginning on _____, our Physical Education classes will be participating in an in-house skating program. The skates will be delivered directly to the school. Due to insurance purposes, we will be exclusively using Skatetime School Programs® skates and equipment.

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 variety of safety tips for being a smart skater.

The fee for Quad Roller Skating is \$ _____ per student. The fee for Inline Skating is \$ _____ per student. While the program is typically structured for _____ PE class sessions per student, factors such as school schedules, weather-related closures, or other unforeseen interruptions may impact the total number of sessions completed. Please have your student return this permission slip and shoe size no later than _____.

Parents, please make a copy or cut here and retain the top for your records.

In consideration of the permission granted, I _____ hereby grant permission for the person named herein to participate in the program described and associated activities provided by Skatetime School Programs® and _____ (School Name). I further release Skatetime School Programs® and the School District # _____ its agents, employees, and volunteers from all actions, damages, claims, or demands and all liability, which might be incurred during the conduct of this activity.

I further authorize the school officials to take the proper steps to provide medical attention should participant be injured while participating or being transferred to or from any School sponsored activity and I hold said officials of _____ and the district harmless thereof.

Activity: Skatetime School Programs® (In-House Skating Program)

Student Participant: _____ ☐ Male ☐ Female

Student will be using (circle one): Quad Roller Skates  (or) Inline Skates 

Student shoe size is (circle one): J8 J9 J10 J11 J12 J13 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Signature of Participant _____

I (Parent /Guardian) _____ acknowledge the risk and responsibilities involved in this activity. I have read this release and understand all its term and execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian _____

Parents/Guardians: Consider **Sponsoring** a student in need. Your contribution helps ensure every student can participate. Please fill in the spaces below and enclose that amount with your child's fee. **Thank you in advance!**

Students to sponsor* ____ x \$ _____ = \$ _____ + **My Student *\$** _____ = **Total Amount: *\$** _____

Please make checks to your payable to your school/district _____