



**SKATETIME
School Programs**

Teacher Name: _____

Grade Level: _____

Permission Slip

Dear Parent or Guardian:

Beginning on FEB. 5TH - FEB. 9TH, 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.**

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 \$ 2⁰⁰ for quad skates
The fee includes delivery and pickup of the equipment as well as use of the skates for 5 days of skating during normal P.E. Class.

Please have your student return this permission slip no later than FRI. FEB. 2ND

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 WEST LAFOLLOU - BROADWELL (School Name). I further release Skatetime School Programs® and the School District # 92 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 WLB (School Name) and the District harmless thereof.

I 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.

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

Name of Student Participant: _____ Male Female

My child's 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

Amount: Quad \$ _____ Inline \$ _____

Please make checks payable to _____ (School Name)

Signature of Participant _____

Signature of Parent/Guardian _____

If participant is under age 18 as of date of activity

If you would like to sponsor a child needing assistance with the rental fee, please fill in the spaces below and enclose that amount with your child's fee. Thank you.

No. Of additional Students _____ x \$ _____ = \$ _____