

South Elementary Running Club PERMISSION SLIP

My child, _____, has my permission to participate in the South Elementary Running Club, Each Wednesday from 1:30- 2:00pm. I will be responsible to provide transportation for my student at 2:00pm.

Signature of Parent/Guardian

Phone number

Child's Teacher

Email address: _____

Home address: _____ City: _____

State: _____ Zip Code: _____

Gender: M F Age: _____ Date of Birth: (MM/DD/YYYY): _____

Health problems: _____

Emergency Contacts: (Contacted only after efforts to reach parent/guardian fail):

Contact #1: _____ Phone: _____

Relationship to Participant: _____

THE SCHOOL AND DISTRICT ARE NOT RESPONSIBLE FOR SPORTS RELATED ACCIDENTS/INJURIES.