



**SKATETIME
School Programs**

Teacher Name: _____

Grade Level: _____

Campus: EAST WEST

Permission Slip

Dear Parent or Guardian:

Beginning on MARCH 2018 , 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 \$ 9.00 for quad skates. Payment comes out of Field Trip fees.

Please have your student return this permission slip no later than AUGUST 17TH, 2017

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 KTEC (School Name). I further release Skatetime School Programs® and the School District # Unified District #1 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 KTEC (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 **\$9.00 (Payment comes out of field trip fees)**

Signature of Participant _____

Signature of Parent/Guardian _____

If participant is under age 18 as of date of activity