

PERMISSION SLIP

Dear Parent or Guardian:

Beginning on 1/25-2/19 2010, our Physical Education classes will be participating in a skating program. The skates will be delivered directly to the school. **Due to insurance purposes, we will be exclusively using Skatetime's skates , students may bring their own helmet and pads, the helmet must be a skating helmet and not a bike helmet.**

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. This is part of the physical education program and all students unless medically excused are expected to skate.

Students will also learn basic skating skills such as starting, stopping, forward skating, backward skating, and a number of safety tips for being a smart skater. Our middle school students will be working with our younger students to help our students learn these skating skills and skating safety.

The fee for this unit will be **\$ 6 (six) for quad skates and \$ 9 (nine) for inline skates per student.**

The fee includes delivery and pickup of the equipment as well as use of the skates for skating during P.E. and most Health Classes.

Please have your child return the bottom portion of this permission slip with the fee no later than **Friday January 8, 2010**. Please make checks payable to: St. Francis of Assisi School (one check can be used for all students, but I need a form for each child to get the correct skate sizes for each class).

Signature of Parent/Guardian _____

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 Saint Francis of Assisi School. I further release Skatetime School Programs®, Saint Francis of Assisi 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.

Name of Student Participant: _____

Grade ____ Boy _____ Girl _____ Quad Size ____ In-lines Size ____ **Do Not Adjust your child's shoe size**

Check # _____ Please make out to St. Francis of Assisi

PLEASE READ THE INFORMATION ON THE BACK OF THIS SHEET

Remember to wear thick socks when skating. Quads are recommended for the lower grades because their of ankle strength.

All parents are encouraged and welcome to help and skate during your student (s) Physical Education and Health Classes, the schedule is posted on the web. We need help lacing the laces, putting on and checking the safety equipment and encouraging the new skaters.

Thanks for all your support, without your support this program would not be possible

