



**SKATETIME**  
School Programs

## PERMISSION SLIP

Dear Parent or Guardian:

Beginning on **October 31, 2016**, 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's 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 \$ **11** for quad skates per student. The fee includes delivery and pickup of the equipment as well as use of the skates for **10** days of skating during normal P.E. Class.

Please have your child return the bottom portion of this permission slip with the fee no later than **October 14th**.

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<sup>®</sup> and **Spring Hill Intermediate School**. I further release Skatetime School Programs<sup>®</sup>, **Spring Hill Intermediate School** 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 **Spring Hill Intermediate School** and the school 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 Program<sup>®</sup> (in-house skating program)

Name of Student Participant: \_\_\_\_\_ Student Shoe Size \_\_\_\_\_

Please make checks payable **SHI**

Signature of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

If participant is under 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.

No. of additional \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_