

PARENT PERMISSION SLIP

THOMPSON FALLS PUBLIC SCHOOLS

CROSS-COUNTRY

BOYS BASKETBALL

GOLF

FOOTBALL

GIRLS BASKETBALL

SOFTBALL

VOLLEYBALL

WRESTLING

TRACK

OTHER _____

Please circle all activities student plans to participate in.

I, _____ give my permission for
(responsible guardian)

_____ to participate in the above-named activity
(student)

We do not wish to purchase any additional insurance coverage. _____,
our (son/daughter) is covered by our own health Insurance plan.

Name of Plan _____

Address _____

We wish to have our son/daughter purchase the school insurance coverage which we are responsible for paying. Applications may be picked up at the office. Students must be Insured before the first practice date of the sport.

I ALSO UNDERSTAND MY CHILD MUST HAVE A PHYSICAL IN ORDER TO PARTICIPATE IN ANY ATHLETICS. PHYSICAL FORMS MUST BE TURNED IN TO THE COACH BEFORE THE STUDENT CAN PRACTICE.

DATE

PARENT OR GUARDIAN SIGNATURE

In case of emergency, please notify _____
Parent or Guardian Phone

Other Phone

This permission form is for the 20____ - 20____ school year.