

Thompson Falls Public Schools

Parent Permission Slip

Activity Permission

I give my permission for my child to participate in the activities checked below. 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.

Football

Girls Basketball

Student Name

Cross Country

Boys Basketball

Parent Name

Volleyball

Wrestling

Signature

Date

Softball

Track

Ski Program

Other

Insurance Information

- We do not wish to purchase any additional coverage. Our child is covered by our own health insurance plan, which is listed below.
- We wish to have our child purchase the school insurance coverage, which we are responsible for paying for. Applications may be picked up at the office.

Name of Plan

Address

City

State

Zip Code

Emergency Contact

In case of emergency, please contact the following

Contact One

Phone One

Contact Two

Phone Two