***Please complete and return to Ms. Brown. Students without a signed permission slips will not be able to attend. All school rules apply to this after-school program. You must have your own transportation home, and the program will run from 2:30-3:30 PM on Wednesdays (for the next six weeks) beginning October 8th, 2014.***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child/legal ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of student) has my permission to attend the after-school Fitness program in the weight room. This includes use of the new Xbox One fitness games.

Should it become necessary in an emergency, and after failure to contact me, I give the person-in-charge of the above program permission to execute any medical, dental or hospital authorizations on my behalf for the above-named student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Telephone #