Athletic Development and Wellness Program PERMISSION FORM

Return this Form to your Middle School Athletic Director with payment.

Event: Athletic Development & Wellness

Date: Beginning Monday, February 13 through Thursday, March 23, 2017

(Mondays-Tuesdays-Thursdays only) **Destination:** Lake Central High School

Cost: \$60.00 (Checks should be made out to Lake Central Athletics)

•	·
This is to certify that	has my permission to ride the
(Student's Name	
bus from his/her middle school to Lake Centra participate in the Athletic Development and W permission, my child will be required to report	•
 consideration for suspension/expulsion Any illegal activities, such as drug or all Daily absences need to be reported to coordinator. 	equences from the administration, including n. cohol offenses will result in notification to Police. the middle school athletic director or program
Also, I(Parent's Name)	agree to release Lake Central
transportation, in view of the fact that this is a	ence that every precaution will be taken to ensure
Parent(s) Signature:	Date:
Student Signature:	Date:
Name of Attending Middle School:	
***********	************
Emergency Information	
Mother Name:	Cell #:
Father Name:	Cell #:
Alternate Contact:	Cell #: