

**TRI-CITY MS/HS  
PHYSICAL EDUCATION  
ROLLER SKATING UNIT**

**MARCH 9-22, 2018**

**During regular physical education class time**

**Cost: \$9 for ~~two~~ weeks**

**Quad skates**

**Checks: Payable to  
Tri-city**

**(siblings can be put on a single check)**

**Please read the back side of this sheet  
Return the bottom portion of the permission form and fee**

**Return date:  
February 16, 2018**

Dear Parent or Guardian:

Two weeks in March 2018, 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 School Programs skates.**

The 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 skills such as starting, stopping, forward skating, backward skating, cornering, and a number of safety tips for being a smart skater.

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 and Tri-City. I further release Skatetime School Programs and the Tri-City CUSD#1 its agents, employees and volunteers from all actions, damages, claims, or demands and all liability, which might be incurred during the conduct of the activity.

I further authorize the School officials to take the proper steps to provide medical attention should participant be injured while participating and I hold said officials of Tri-City and the 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.

RETURN BOTTOM PORTION BY FEB. 16

Activity: Skatetime School Programs (In- house Skating Program)

Name of Student Participant: \_\_\_\_\_ Male Female

Signature of Student: \_\_\_\_\_

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

Student Shoe Size (circle one)

J8 j9 j10 j11 j12 j13 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

**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. Thank you.**

Number of additional Students \_\_\_\_\_ x \$9 = \_\_\_\_\_