

PARENTS' PERMISSION BLANK

Our son or daughter (named on reverse side of this card) has our permission to take part in:

**Cross-Country, Baseball, Softball, Wrestling, Basketball,
Volleyball, Track and Field Sports**
(cross out those not approved)

under the direction of the school during the year of

20 ____ - 20 ____

20 ____ - 20 ____

20 ____ - 20 ____

20 ____ - 20 ____

The school will take reasonable care and precaution to prevent accidents, but the school, or teachers, are not responsible if any accident should occur in practice or games.

I am in full accord with this agreement.

1st year — Date _____
Parent's Signature _____

2nd year — Date _____
Parent's Signature _____

3rd year — Date _____
Parent's Signature _____

4th year — Date _____
Parent's Signature _____

*Physical examination must be done annually.
Each exam is good for a one-year period.*