PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC SPORTS

NAME	GRADEHOMEROOM_	
I hereby give permission for		
to participate in the St. John's In	nterscholastic Cross Country Program.	
	any operations, serious illnesses or fractures of	ontracted
during the past year.		
Home Address	Phone	
E-mail address	Cell Phone	
Parents place of work	Phone	
Family Doctor		
Address	Phone	
Date of last physical exam:		
I,, the undersig	ned father/mother of, a minor, do here	
	tic programs and do forever RELEASE, acquit, discharge the company and all actions, causes of a section of the company and all actions, causes of a section of the company and all actions.	
	owing out of, directly or indirectly, all known and unk	
	nay now or hereafter have as the parent of said minor, a	
	which said minor has or hereafter may acquire, either b	
he/she has reached his/her majority resathletic programs.	sulting from his/her participation in St. John's School,	Peabody
Parent's Signature		

Athletic fee enclosed \$50.00. Permission slip, Doctor's note and athletic fee to be in the office by **Thursday September 1**st.

If your child is a participant of any team (Cross country, Basketball or Cheerleading) at St. John's School each family is responsible for the purchase of at least two Athletic Fundraiser tickets (November 4). (Family maximum - \$50.00) or if unable to attend a \$75.00 donation.

The first practice will be held on **Thursday September 8th**. from 3-4 p.m. at Emerson Park with practices being held on Mondays, Tuesdays and home meets on Thursdays. A more detailed schedule of practices and meets will be passed out in the near future. The 5th, 6th, 7th and 8th Grade students walk up to Emerson Park as a group. They are allowed to change in school <u>after</u> the second bell has rung. Please be prompt with pickup.

PLEASE NOTE: EVEN IF YOU HAVE A DOCTOR'S NOTE ON FILE IN THE NURSE'S OFFICE, WE STILL NEED A COPY FOR ATHLETICS.