



# St. Paul's

## LUTHERAN SCHOOL

### Running Club Permission Slip

Name \_\_\_\_\_ grade \_\_\_\_\_

Parent Name printed \_\_\_\_\_ email address \_\_\_\_\_

Cell Number to reach you \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

I have read the Running Club Flyer and understand the club will be held on alternate Fridays at St. Paul's, weather permitting. I will be sure my child has proper shoes and a water bottle on these days. I understand there is always a risk of injury while running. I give the adult chaperones permission to perform basic first aid to my child in the event of an accident. I agree not to hold the adult chaperones liable for any unforeseen injury that may occur. I will come up to the field and sign my child out at the end of running club which is 4:00 p.m. I will be sure Mrs. K. or Mrs. Dooling are notified if another adult will be signing out my child that day.

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
date