

**QUEEN OF ANGELS CATHOLIC SCHOOL
PARENT PERMISSION FORM FOR PARTICIPATION IN INTRAMURALS**

Dear Jump Rope Parents (**Grades 3-4-5-6-7-8**)

Your son/daughter is eligible to participate in a school-sponsored activity requiring **after school pickup** from the school building. This activity will take place under the guidance and supervision of employees from Queen of Angels Catholic School. A brief description of the activity follows:

Name of Event: *Jump Rope*
Destination: **Bishop Bosco Center Gym**

Curriculum Connection: **Health & Wellness**

Designated Supervisor of Activity: Mrs. McWilliams and Mrs. Durante (teacher sponsors)
Mrs. Donna Lafferty & Mrs. Jeanie Reith (parent coaches)

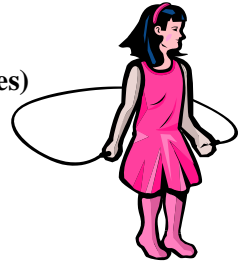
Date & Time of Departure: **Start Date – January 10, 2012
3:15 to 5:00 pm**

Pickup Time: **Promptly 5:00 pickup**

Method of Transportation: **Parent Pickup – Door 6 (Gym door at back parking lot)**

Cost: **\$25.00**

Dress: **Gym clothes**



If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any personal actions taken by the named student.

I hereby consent to participation by my child, _____ . In the event described above. I understand that this event will take place on the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event.

Print Parent's Name _____ Parent's Signature _____

Date _____

_____ **Every Tuesday till further notice**

_____ **\$25 enclosed (checks payable to Queen of Angels)**

Jump Rope – please return by Friday, January 13, 2012

If early pickup, please try main door or gym door. We are occupied with the children and early dismissals are hard to do.