

Grade \_\_\_\_\_

Student Name \_\_\_\_\_

# Proctor PTA Walkathon

Wednesday, October 7<sup>th</sup> 2009 10:30 a.m. – 3 p.m



## PERMISSION SLIP

I hereby give permission for \_\_\_\_\_ to participate in the Proctor PTA Walkathon on Wednesday, October 7<sup>th</sup> from 10:30 a.m. to 3:00 p.m. I give permission, acknowledging that my child is in good health and is fit enough to walk laps. I hold myself responsible for his/her health and release Proctor Elementary School and Proctor PTA from any liability in connection with the Walkathon.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you believe your student will be absent from school for any reason, please check here

I understand that I need to pick up my child on the upper field at (circle one):

12:00      1:00      2:00      3:00      Other \_\_\_\_\_

OR

\_\_\_\_\_ My child will be going to Adventure Time immediately following the Walkathon.

**We encourage all students to stay until 3:00 to win great prizes!**

If you do not wish to have your student participate, please submit an opt-out form available in the school office.