



## Permission to participate in Oak Meadow's Athletic Program

**Student Name:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The above-named student has my permission to attend and participate in Oak Meadow's Athletic Program.

**Name of Athletic Program:** 2017-18 Soccer Program

Participation is to include practices and games (home and away) as specified by the Athletic Director and/or Coach. I understand that practices and games will occur **after** school hours and that my child will be transported to and from the games in the school van by an approved driver.

**Contact Person:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*For the Billing Office:*

**Athletic Program participation for (student name):** \_\_\_\_\_

**Sport:** Soccer Program

I am including a check for \$200.       I wish to be billed for the fee.