

Dear Parents/Guardians:

The 1<sup>st</sup> through 5<sup>th</sup> Grade PE Classes will be participating in an in-house roller skating program starting on Monday December 7<sup>th</sup> to Friday December 11<sup>th</sup>. The skates will be delivered directly to the school and since the skates have soft wheels, we will be skating directly on the gym floor.

This skating unit is being implemented because of its emphasis as a “lifetime sport” that enhances balance, coordination, and motor skills as well as cardio-respiratory endurance.

The fee for this unit is \$7 and includes skates and wrist guards for the entire week. The students may bring helmets, elbow pads or knee pads if desired. **All students will need tall socks every day to skate!**

Please return this permission slip with the **\$7 fee NO LATER THAN NOVEMBER 17th.**

Please make your checks out to Cornelsen Elementary School or CES. **IF PAYING WITH CASH, EXACT CHANGE ONLY.** Thanks!

**Please return only the bottom portion of this form.**

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In consideration of the permission granted, I hereby grant permission for the person named herein to participate in the program described and associated activities provided by Skatetime School Programs® and Fairview Public School. I further release Skatetime School Programs® and the Fairview Public School District agents, employees, and volunteers from all actions, damages, claims, or demands and all liability, which might be incurred during the conduct of this activity. I further authorize the School officials to take the proper steps to provide medical attention should participant be injured while participating or being transferred to or from any School sponsored activity and I hold said officials of Cornelsen Elementary and the District harmless thereof. I acknowledge the risk and responsibilities involved in this activity. I have read this release and understand all its term and execute it voluntarily and with full knowledge of its significance.

My child \_\_\_\_\_ may participate in this roller skating program.

Parent/Guardian Signature \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Your Child's Shoe Size \_\_\_\_\_

If you would like to sponsor a child needing assistance with the rental fee, please fill in the space below and enclose that amount with your child's fee.

No. of additional students \_\_\_\_\_ X \$7 = \_\_\_\_\_

Thanks so much!!

Teresa Deutschendorf 580-227-2561