



Dear Parent or Guardian:

Beginning on January 3rd, 2022, our Physical Education classes will be participating in an in-house skating program. The skates will be delivered directly to the school. **Due to insurance purposes, we will be exclusively using Skatetime School Programs® skates.**

This skating unit is being implemented because of its emphasis as a “Lifetime Activity”. Skating provides a variety of benefits, which include balance, coordination, motor skills, and a top-rated cardio-respiratory workout. Students will also learn basic skating skills such as starting, stopping, forward skating, backward skating, cornering, and safety tips for being a smart skater.

**Please have your student return this permission slip no later than December 20th, 2021 to Mr. Sutherland\_\_\_or email signed copy to [ssutherland@stjosephwaconia.org](mailto:ssutherland@stjosephwaconia.org)**

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 St Joseph School. I further release Skatetime School Programs® its 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 \_\_\_\_\_ and the District harmless thereof.

(School Name)

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.

**Activity: Skatetime School Programs® (In-House Skating Program)**

Name of Student Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_