

JUMP ROPE FOR HEART PERMISSION FORM

If your child will be participating in Jump Rope for Heart, please return this slip to their homeroom teacher as soon as possible.

(please print first and last name)

My child _____ **Grade** _____

Homeroom Teacher _____

has my permission to participate in Jump Rope for Heart on Friday, May 6th, from 2:30 to 3:30 in the new gymnasium

Please check one of the following options:

_____ My child will raise money but not attend event.

_____ I will pick my child up in the big gym at Green at 3:30.

_____ My child will attend aftercare after the event.

_____ My child will go home with _____.

(someone other than parent)

(Parent Signature)

You may come and watch the event if you would like, or pick your child up at 3:30.

Emergency Contact

Name: _____ Number: _____