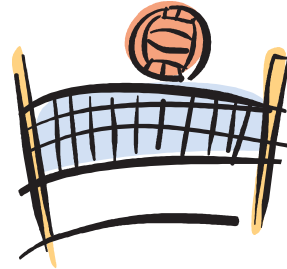




## MPS Adaptive Athletics

Date: \_\_\_\_\_



Dear Parent/Guardian:

MPS Adaptive Athletics is providing an opportunity for your child to take part in the MPS Adaptive Athletics Volleyball Tournament. Transportation will be provided to and from school.

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

**Location:** Riverside High School  
1615 East Locust Street, Milwaukee

**Time:** 10:00 a.m. - 1:30 p.m.

You have two options for lunch, you can send a bag lunch with your child or the school can prepare a bag lunch for your child as part of the school lunch program. Please indicate your choice on the attached Permission Slip.

This tournament will be a wonderful experience for your child. Please complete that attached Permission Slip and return it to me by \_\_\_\_\_ . If you have any questions or concerns, please feel free to call me at \_\_\_\_\_ .

Thank you for your support.

\_\_\_\_\_  
Adaptive Athletics Coach



## MPS Adaptive Athletics

### MPS Adaptive Athletics Volleyball Tournament

# Permission Slip

Please return this Permission Slip to school by \_\_\_\_\_.

#### → PARTICIPATION

YES, I would like my child to participate in the MPS Adaptive Athletics Volleyball Tournament.

NO, I do not want my child to participate in the MPS Adaptive Athletics Volleyball Tournament.

#### → LUNCH OPTIONS (Please check one.)

I will **pack a lunch** for my child.

I would like the school to pack a bag lunch for my child as part of the **school lunch program**.

#### → MEDICAL INFORMATION

Are there any known medical conditions or injuries that MPS Adaptive Athletics should be aware of that might hinder or endanger your child's participation or the participation of others? If yes, please list below. If none, please write "NONE" in the space provided. \_\_\_\_\_

#### → FILM/PHOTO PERMISSION

Media outlets and MPS may film or photograph events for use in news stories and/or marketing materials featuring MPS Milwaukee Recreation and its Adaptive Athletics programs. May we have permission to film or photograph your child? (If neither box is checked, MPS Adaptive Athletics will assume that permission has been given for your child to be filmed or photographed.)

Yes       No

#### → PLEASE READ AND COMPLETE THE FOLLOWING

I understand that injuries are a natural part of sports. The MPS Adaptive Athletics program is not responsible for injuries incurred to my child when participating in this event. I give my consent for teachers and support staff to use their own judgement in securing medical aid and ambulance service in case the parent/guardian cannot be reached.

Student's Name \_\_\_\_\_ Parent/Guardian Daytime Phone \_\_\_\_\_

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