



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 Track & Field Meet. Transportation will be provided to and from school.

Date: _____

Location: _____

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 track & field meet 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 Track & Field Meet

Permission Slip

Please return this Permission Slip to school by _____.

→ PARTICIPATION

YES, I would like my child to participate in the MPS Adaptive Athletics Track & Field Meet.

NO, I do not want my child to participate in the MPS Adaptive Athletics Track & Field Meet.

→ 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 _____