



January 22th, 2014

Dear Parents/Guardians:

Please read, sign, & return the authorization form below if your child is interested in becoming a member of Silver Trail Middle's Track Team. Thank you.

Sincerely,

Bryan Lucena, Athletic Director

I hereby grant my son/daughter: _____,
 (STUDENT'S FIRST AND LAST NAME) (GRADE)

permission to participate in Silver Trail Middle School's Track and to attend the informational meeting on Monday, JANUARY 27th 2014. The meeting will be held in the Gym, from 3:35-4:00 p.m. Please have a ride for your child on time at 4:00 p.m., NO LATER.

Also, I am fully aware that Silver Trail Middle School cannot provide transportation or insurance coverage for my child. However, Healthy Kids Insurance is available from the State of Florida, www.healthykids.org - 1-888-540-5437. Healthy Kids has year-round open enrollment, no waiting.

Parents, please INITIAL each individual line below, sign and have your child return this form to the Athletics Team Coach or Club Sponsor.

Students need this sheet **INITIALED AND SIGNED** in order to attend the meeting and future meetings. Please *indicate your approval by placing your initial next to each of the statements below:*

_____ I will provide transportation for my child promptly after the activity is completed. **I understand that being more than 15 minutes late may result in my child being removed from the athletic team or club.**

_____ My child is currently covered either under my insurance or under another insurance policy.

(Name of company: _____)

_____ () _____
 Parent/Guardian Signature

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Teachers, Students, and Community Striding towards Success