



HOME OF THE MUSTANGS

# SILVER TRAIL MIDDLE SCHOOL

Steve Frazier, Principal

18300 Sheridan St. Pembroke Pines, FL 33331

Tel. (754) 323-4300 Fax (754) 323-4385

January 10, 2012

Dear Parents/Guardians:

Please read, sign, & return the letter below. Thank you.

Sincerely,

Coach Wooten, STMS Boys' Track Coach

Coach Davis, STMS Girls' Track Coach

I hereby grant my son/daughter: \_\_\_\_\_ / \_\_\_\_\_,  
(PRINT CHILD'S FIRST AND LAST NAME) (GRADE)

permission to participate in Silver Trail Middle School's Girls & Boys Track Try-Outs, and ATTEND THE INFORMATIONAL MEETING ON FRIDAY, January 27<sup>TH</sup>, 2012. The meeting will be held in the gym for both boys and girls track team until 4:30 PM. Please have a ride for your child on time at 4:30 PM, 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. 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 BEFORE Thursday, January 26<sup>TH</sup>. Students need this sheet INITIALED & SIGNED in order to attend the meeting and future meetings.**

\_\_\_\_\_ 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.

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

(Name of Company : \_\_\_\_\_)

\_\_\_\_\_ I understand that the School/School Board cannot be held liable for any injury liability that might occur.

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

\_\_\_\_\_  
Date

(\_\_\_\_\_)\_\_\_\_\_  
Contact Number

*Pride Makes the Difference!*

**Teachers, Students, and Community Striding towards Success**