



1103 North Neil Street
Champaign, IL 61820

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ROLLER SKATING IN KIDS PLUS INTERSESSION PERMISSION SLIP

Dear Parent or Guardian:

Beginning on Monday, March 27, 2017, our Kids Plus Program will be participating in an in-house skating program for 1 week. The skates will be delivered directly to the school.

Due to insurance purposes, we will be exclusively using Skatetime's skates.

This skating unit is being implemented because of its emphasis as a "Lifetime Activity". Skating provides a variety of benefits, which include balance, coordination, motor skills, and a top rated cardiorespiratory workout.

Students will also learn basic skating skills such as starting, stopping, forward skating, backward skating, cornering, and a number of safety tips for being a smart skater.

I encourage the use of safety equipment so feel free to bring your own bike helmet, knee/elbow pads.

Skatetime will provide WRIST GUARDS and every student will wear those during skating.

Please Return this SIGNED PERMISSION slip/Insurance Waiver Form

In consideration of the permission granted I hereby grant permission for the person named herein to participate in the program described and associated activities provided by Skatetime School Programs® and Barkstall Elementary School. I further release Skatetime School Programs®, Barkstall Elementary School and Champaign Community School District #4, its agents, employees and volunteers from all actions, damages, claims, or demands and all liability, which might be incurred during the conduct of this activity.

I further authorize the School officials to take the proper steps to provide medical attention should participant be injured while participating or being transferred to or from any School sponsored activity and I hold said officials at Barkstall Elementary School and the School District #4 harmless thereof.

I acknowledge the risk and responsibilities involved in this activity. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Name of Student Participant: _____

****Signature of STUDENT** _____

****REQUIRED Signature of Parent/Guardian** _____