



PERMISSION SLIP

Student Name: _____ Date: _____

Grade: _____ Teacher: _____

Student Name: _____ Date: _____

Grade: _____ Teacher: _____

Student Name: _____ Date: _____

Grade: _____ Teacher: _____

Guardian's Name: _____ Phone Number: _____

Email Address: _____ Is Guardian running: Y/N

Guardian's Name: _____ Phone Number: _____

Email Address: _____ Is Guardian running: Y/N

“The above listed can participate in Run Club. “

SIGNATURE: _____

Anything we should know about your child? (Allergies, Asthma, etc.):

****Please note that we cannot accommodate jogging strollers on the track or allow siblings or non-MATES students to be on the track during Run Club.***

Are you willing to volunteer? _____

We need volunteers to help with the following: set-up (7:30 am arrival), tear down (8:05-8:15am). Volunteer for one Tuesday or several! Email Runclub@matesmcn.net if interested.