

Suffield Middle School

2019 Gymnastics Intramural Permission Slip



I give (name) _____ (grade) _____ permission to participate in the *Intramural Gymnastics program*. I understand that the program will run from *2:20-4:00 pm* on the days scheduled. I will arrange for my child's transportation and will insure that he or she is promptly picked up at 4:00 pm in the SMS parking lot if not taking the late bus. Late bus is available Monday, Wednesday and Thursday.

All participants are expected to attend their scheduled grade level practices. The hard work and dedication that our students put into this program will result in two outstanding Gymnastics Performances.

Start Date: Monday February 25th End Date: Thursday April 11th

Be sure your child picks up the Grade Level Practice Schedule

Thank you in advance for your cooperation and dedication to this program!

Heather Casinghino (hcasinghino@suffield.org), Angela Peterson(apeterson@suffield.org), Christine Messmer, (cmessmer@suffield.org), Josephine Titterington (stitterington@suffield.org)

Please note: Both Dress Rehearsals are **MANDATORY.**

ALL participants are expected to be at **BOTH** Dress Rehearsals for the **ENTIRE** Dress Rehearsal (2:20-5:00)-**NO EXCEPTIONS.**

MONDAY APRIL 8th 2:20-5:00 (no late bus)

and

TUESDAY APRIL 9th 2:20-5:00 (no late bus)

PERFORMANCES:

Wednesday, April 10th, 2019 6:30 pm

Thursday, April 11th, 2019 School Assembly



cut here and return bottom portion only to Mrs. Heather Casinghino _____

Name _____ Grade _____

I understand that there is a certain amount of risk inherent in any vigorous physical activity.

In the event of an emergency, I can be reached at:

Phone _____

If I cannot be reached, I give my permission for emergency first aid treatment.

I understand that my child is required to attend both **MANDATORY** Dress Rehearsals from **2:20-5:00** on **Monday April 8th and Tuesday April 9th** (No Exceptions)

Parent/Guardian Signature: _____ Date: _____