

St. Johns Lutheran School 245 Line Street South P.O. Box 128 Wykoff, MN 55990

St. Johns Eagles Soccer

2023 Permission Slip Grades 3-8

Return this form to the office	by mail or email by <u>w</u>	<u>onaay, Al</u>	<u>igust 28, 20</u>	<u>723</u> along	j with tr	ie \$45 i	egistration lee.
			Grade		ha	as my	permission to
participate in the St. Johns so	occer program.						
I have NO health c	oncerns related to my	/ child's pa	articipation i	n the soc	cer pro	gram.	
Please note the following health concern(s) for as s/he							
participates in the soccer pro	gram:						
I understand that th the end of the season. If n	e uniform provided by lot, I will pay the cost t				ean and	l in good	d condition at
Uniform Size I	Needed (circle one):	YM Y	L YXL	AS	AM	AL	AXL
I agree to provide tra	ansportation home afte	er practice	s and to and	d from ga	mes.		
I give St. Johns perr website.	mission to share team	photos of	my child wit	h local ne	ewspap	ers and	the St. Johns
Mom Contact phone #:				_			
Mom Contact email:							
Dad Contact phone #:							
Dad Contact email:							

Parent Signature:	Date:
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