



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

St. Johns Eagles Softball

2023-24 Permission Slip
Grades 3-8

Return this form to the office by **Friday, March 22, 2024** along with the \$45 registration fee.

_____ Grade _____ has my permission to participate in the St. Johns basketball program. **NEW: Each player will receive a Memory Mate (3x5 individual and 5x7 team photo printed on a 8x10 sheet) for participating in the program.** Parents have the option to purchase more photos.

_____ I have **NO health concerns** related to my child's participation in the soccer program.

_____ **Please note the following health concern(s)** for _____ as s/he participates in the softball program:

_____ I understand that the uniform provided by St. Johns must be in good condition at the end of the season. If not, I will pay the cost to replace the uniform.

Uniform Size Needed (circle one): YM YL YXL AS AM AL AXL

_____ I agree to provide transportation home after practices and to and from games.

_____ I give St. Johns permission to share team photos of my child with local newspapers and the St. Johns website.

Mom Contact phone #: _____

Mom Contact email: _____

Dad Contact phone #: _____

Dad Contact email: _____



Parent Signature: _____ Date:
