

<p><b>St. Johns Lutheran School</b></p>	<p>245 South Line Street          PO Box 189          Wykoff, Minnesota 55990</p>
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**St. Johns Eagles Basketball**  
**2022-2023 Permission Slip**  
**Grades 4-8**

*Return this form to the office by mail or email by **Wednesday, November 16<sup>th</sup>**, along with the \$45 registration fee.*

\_\_\_\_\_ has my permission to participate in the St. Johns basketball program.

\_\_\_\_\_ I have **NO health concerns** related to my child's participation in the basketball program.

\_\_\_\_\_ **Please note the following health concern(s)** for \_\_\_\_\_ as s/he participates in the basketball program: \_\_\_\_\_

\_\_\_\_\_

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

I understand that my child's basketball photos will be used for promotional purposes for St. Johns School.

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_