



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

St. Johns Eagles Volleyball
2023 Permission Slip
Grades 3-8

Return this form to the office by mail or email by **Wednesday, Oct. 18, 2023** along with the \$45 registration fee.

_____ Grade _____ has my permission to participate in the St. Johns soccer program.

_____ 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 soccer program: _____

_____ I understand that the uniform provided by St. Johns must be returned clean and 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: _____

