



**HARVEST PREPARATORY SCHOOL
ATHLETICS PERMISSION SLIP**

COMPLETE ALL SIGNATURES BEFORE TURNING THIS IN AT THE ATHLETIC OFFICE. In case of an emergency, please call the athletic office.

I give permission for my child, _____, to attend
(Athlete's Name)
_____ from _____ to
(Event Title and Location) (Start Date)
_____.
(End Date)

I, _____, hereby release Harvest Preparatory from any
(Parent/Guardian Name)
liability during the event listed above and accept full responsibility for my
son/daughter's behavior on this trip. I further understand that my son/daughter is
expected to behave in a manner that is a positive reflection on not only him/herself
but also a positive reflection of Harvest Preparatory School and God.

Coaches Name: _____ Date Turned In: _____

1 – Parent Signature: _____

2 – Athletic Director Signature: _____

Return to the **ATHLETIC OFFICE** 24 hours before the date of the contest.