

# Academic Games Permission Slip & Agreement

*Elementary & Middle School 2014-2015*

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## Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Shirt Size *(Indicate Youth or Adult)* \_\_\_\_\_

Address *(Street, City & Zip Code)* \_\_\_\_\_ Home Phone \_\_\_\_\_

Allergies & Medical Conditions \_\_\_\_\_

Special Instructions \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Permission to Participate & Acknowledgment Agreement

I grant permission for my child to participate in Bradford Academy's Academic Games Program/Club.

I acknowledge receipt and understanding of program guidelines as presented and referenced in *Bradford Academy Academic Games Program Guidelines*. I understand that non-adherence to any of the program's guidelines is grounds for dismissal from the program without refund of fees paid.

I understand that my child is required to attend practices and monthly Saturday tournaments. I also understand that it is my responsibility to provide timely transportation to and from all practices and regular tournaments. I understand that it is my responsibility to pick up my child promptly at dismissal and that tardiness may result in restriction or exclusion from Academic Games with no refund of fees paid.

I understand that games and materials used are the property of Bradford Academy and Bradford Academy PTA. I understand that if my child intentionally damages or destroys a game, I am responsible for providing payment that will cover the cost of replacement.

I understand that program participation is a voluntary privilege and that once I have enrolled, I have two weeks from the time of registration to withdraw my child in order to receive a partial refund. I understand that after two weeks, a refund will not be issued.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date