



Saint James School 2019-2020 Cheerleading Program Permission Slip



Child's Name: _____

Grade: _____

Mother's/Guardian's Name: _____

Cell Phone Number: _____

Father's/Guardian's Name: _____

Cell Phone Number: _____

Home Phone Number: _____

Preferred Email 1: _____

Preferred Email 2: _____

Please return this completed form (one per student) to the school office along with:

- 1) \$30 Activity Fee (Please make checks payable to "Saint James School")
- 2) SJS Athlete Character Contract.
- 3) SJS Sports Health Form (if not already on file with school).

For Office Use Only:

Date Received _____

Health Form on File _____

Sports Fee Paid _____ cash / check number _____