



100 MILE CLUB

Permission Form 2019-2020

Student Name(s) _____

Grade(s)/Teacher(s) _____

Fee enclosed _____

T-Shirt Size(s):

Child Sm Med Lg

Adult Sm Med Lg XI 2XI 3XI

Check all that apply:

_____ After-School Club for Student (Grades 1-6)

_____ Individual Student Tracker at Home (All Grades)

_____ Individual Adult Tracker at Home

Does your child have an allergy? If yes, please explain _____

Phone Number where parent /guardian may be reached _____

My student is registered to attend ECP and will attend following their club/event _____

Who will be picking up your student(s):

Name _____ Relationship _____

Phone #(s) _____

****Students must be picked up promptly at the end of the club, *unless* your student is registered to attend ECP. If students are not picked up promptly at the end of the club, they will be placed in ECP & billed accordingly.**

Parent/Guardian Printed Name

Parent/Guardian Signature

Date