

SILVER TRAIL MIDDLE SCHOOL

Steve Frazier, Principal 18300 Sheridan Street, Pembroke Pines, FL 33331 Tel. (754) 323-4300 Fax (754) 3232-4385

Date: October 4, 2021

Please read, sign, & bring permission slip to the meeting on Friday October 8. I cannot let you stay if you do not bring this with you. If you have specific questions, please reach out to Mrs. Ilnitskiy via email: bleidy.abrililnitskiy@browardschools.com

CHEER TEAM MEETING Permission Form

I hereby grant my son/ daughter: ______

(CHILD'S FIRST AND LAST NAME) / (GRADE)

permission to participate in **Silver Trail Middle School's CHEER TEAM MEETING**. The meeting will be held in the cafeteria. The meeting **on FRIDAY**, **OCTOBER 8th**, **in the cafeteria begins promptly at 3:45 until 4:15pm**. Please be sure to be in the school parking lot to pick up your student no later than 4:15. It is imperative that the student attends the meeting as important information about tryouts, rules and expectations for the Cheer team and other details will be given at this time. Please note that students <u>must be present</u> at the informational meeting in order to sign up for tryout dates.

I understand that by attending this meeting that I am responsible for arranging transportation for my child and I am aware that Silver Trail Middle School cannot provide transportation or insurance coverage for my child. However, Healthy Kids Insurance is available from the State of Florida, www.healthykids.org - 1-888-540-5437. Year-round open enrollment, no waiting.

Parents, please <u>INITIAL</u> each individual line below, sign and return this form to Mrs. Ilnitskiy the day of the meeting in the cafeteria. Students need this sheet INITIALED, SIGNED and RETURNED to attend the informational meeting. ALL other important documents needed prior to or the day of the tryouts are located in the Cheer Website: <u>https://www.browardschools.com/domain/17724</u>

Please *INITIAL* (not check) below in front of *EACH* statement:

_____ I will provide transportation for my child so that they leave STMS on time for the meeting on date listed above.

_____My child is currently covered either under my insurance or under another insurance policy. (Name of company: (______)

_____I understand that the school/School Board cannot be held liable for any injury liability that might occur.

Parent/Guardian Signature