

I give my permission for Please Print Parent Name Please Print Student Name			to participate in the
Please Print Parent Name		Please Print Student Name	
Athletics Program at Bethleher	n Christian School.		
Please Print Student(s) name(s	s)		
<ul><li>Should a student-athle</li><li>If a student is dismiss</li><li>If a student is unable</li></ul>	e date stated above. the fee will not be refunde ete suffer a season ending ed from a team/club, the fe to afford the fee, he/she mi ying either a part or the en	injury prior to the first official game	Provisions will be made
Please charge my FACTS agre (Payments are only accepted to			

Parent Signature