

The Presidential Physical Fitness Challenge Program
6 year olds – 17 year olds
(By Sept. 1, 2013)

Please read before you sign your child/children up for this program. Both you and your child must read the letter to the parents to understand what we expect during their time at Presidential. It is very important that we have all the parents who do not participate in the Woman's Life/Kids Life or the Nursery program to participate each time in Presidential to insure it runs smoothly as possible. A nursery and Kid Life is offered for your other children if needed.

I _____ give my permission for _____ to participate in
(Print) Parent's name **(Print) Child/Children participating**

the Presidential Physical Fitness Challenge Program. I affirm that my child/children are in good or adequate health to participate in this program. I release all leaders in the program and Community Bible Church Christian Academy and Community Bible Church from any responsibility due to injuries or mishaps that may occur during this program. I also affirm it is my responsibility as a parent to be present at all the Presidential Program (Unless you are participating in the Woman's Life Program as a attendee or a Volunteer in the nursery or Kids Life Programs) in case of any injuries, mishaps or behavior problems. I will be willing to help if needed with the activities such as helping the leaders, writing down times, helping with the mile run, keeping the younger children in their groups or just being an encourager to your children and other children that participate in the program. On the occasion when I can not be present for my child/children I will assign someone to take the responsibility for my child/children. I understand my participation as a parent is important and I am willing to help if my help in this program is needed. Thank you for allowing your child/children to participate.

Please Print Carefully and Completely All Information Below
(This information is important for any updates or reports we need to send to you via email. Thank you!)

Parent's signature

Name, f/m date of birth, age on 9/1/13

Name, f/m date of birth, age on 9/1/13

Name, f/m date of birth, age on 9/1/13

Email address & phone number(s)

Name, f/m date of birth, age on 9/1/13

**Please tell us where you will be attending,
Presidential Challenge Physical Fitness,
Nursery, Woman's Life or other Kid's Life classes.**

**Please add any extra children, food allergies,
asthma information or any other concerns or
instructions on the back of this sheet.**