

Please Sign and return to your students' teacher

## ***GISD / Special Olympics***

Unified/Adaptive Tennis Practice and Participation in SOTX  
AREA 22 Competition April 18, 2020 Tennis!

### **Practice Schedules:**

February 12th	Wednesday's	4pm-5:30pm	Ball High School
February 14th	Friday's	4pm-5:30pm	Austin Middle School
February 13 <sup>th</sup> /14 <sup>th</sup>	Thurs/Fri	12:15pm-1:15pm	Oppe Elementary
February 12th	Wednesday	1:45pm -2:45pm	Burnett Elementary

***SCHOOL NAME*** \_\_\_\_\_ ***GRADE*** \_\_\_\_\_ ***AGE*** \_\_\_\_\_

Please sign and return this slip

### **Permission Slip**

I give my permission to have my child, \_\_\_\_\_,  
accompany the GISD Special Olympics team to participate in tennis practice on school grounds and travel  
to SOTX Competition in Area 22 Galveston-Houston by GISD Transportation.

\_\_\_\_\_  
**Parent/Guardian**

**Date**

### **Emergency Medical Care**

I give my permission for my child, \_\_\_\_\_, to be  
given medical or surgical management (including diagnostic studies and treatment) at any Emergency  
room in the event the parent or guardian cannot be located.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**phone Number**

\_\_\_\_\_  
2nd Contact

\_\_\_\_\_  
Phone Number

**Thank you!**