

I give my son/daughter

The Scituate Public Schools' Elementary Physical Education Department is sponsoring this year's 15<sup>th</sup> Annual 'Mr. B.'

4th & 5th Grade Spring Track Meet

Events: 100M, 400M, 4x100M Relay, Shot Put

WHO: 4<sup>th</sup> and 5<sup>th</sup> Grade Boys and Girls

DATE: June 6, 2023 (Tues.) - Rain Date 6/7/23(Wed.)
TIME: Start-Time 4:00 P.M. sharp at Scituate H.S. Track
AWARDS: Recognition certificates for the top 4 finishers in

each event.

All athletes are encouraged to train on their own. Parents are invited to support the runners.

## PLEASE RETURN BOTTOM PORTION TO YOUR PHYSICAL ED. TEACHER

## SCITUATE PUBLIC SCHOOLS Cushing, Hatherly, Jenkins & Wampatuck Elementary Schools

permission to participate in responsible for his/her trans		rade Spring Track Meet. I realize I am from the event.
	responsibility to j	e use of an inhaler. I, the parent/guardian, provide my son or daughter with the inhaler
MEDICAL EMERGENCY	INFORMATION	<u>N</u>
Home phone	Ad	ldress
Parent's Work #		Cell phone
EMERGENCY CONTACT	<u> INFORMATIO</u>	<u>N</u>
Name	Relationship	
		Cell #
PHYSICIAN INFORMATI	<u>ON</u>	
Name	Address	
Office #		_
Parent/Guardian Signature		