



Building Brilliant Knowledgeable Scholars

PERMISSION SLIP & AGREEMENT FOR BBNS ACADEMY 2023 SPORTS PROGRAM

Parent's Name: _____

Student's Name: _____

Sport(s) of choice:

_____ 5TH-8TH GRADE BASKETBALL
_____ BOYS BASKETBALL
_____ TRACK & FIELD
_____ SOCCER (ALL AGES)

_____ GIRLS BASKETBALL
_____ GIRLS 5TH-8TH VOLLEYBALL
_____ SOFTBALL 5TH-8TH
_____ BOWLING (INDIVIDUAL)

_____ YES! Please sign my child up for BBNS Academy's Athletic Program

_____ NO, I am not interested in signing up my child for the Athletics Program

Additional Comments (medical information, transportation requests, ETC.):

X _____
(Parent Signature)

X _____
(Date)