



Please hand this in to Mr Hill by Wednesday 3<sup>rd</sup> October.

## Permission

Please tick:

- I give permission for my son/daughter to attend the Leadership Academy Launch.
- I enclose the Medical Questionnaire

Student's name: \_\_\_\_\_

School: \_\_\_\_\_

Student's email address: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_

Date: \_\_\_\_\_

All students will receive a Leadership Academy hooded jumper at the launch, for them to keep and wear when they are taking part in sports leadership sessions.