

# BHE Fun Run

If you are interested in participating in the BHE Fun Run, please fill out the following permission slip and bring it with you the morning of the 5k.

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Parent Email: \_\_\_\_\_

Any medical conditions

\_\_\_\_\_

I give my child permission to participate in the Fun Run.

Signature \_\_\_\_\_

Date \_\_\_\_\_

