**Playground Activity Leaders in Schools (P.A.L.S.)**

**PARENT PERMISSION FORM**

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

Dear Parent/Guardian,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is initiating a

**‘Playground Activity Leaders in Schools’ program. (P.A.L.S.)**

Your child has expressed an interest in being a leader in the P.A.L.S. program. The P.A.L.S. Supervisor will provide a leaders training workshop. The workshop will teach the student leaders how to plan and lead fun and safe activities on the playground for students in Grades 1-5. We believe the opportunity for young people to participate in structured playground activity:

* **Promotes physical activity during leisure time**
* **Reduces bullying behaviour on the playground**
* **Provides children with leadership opportunities and builds Developmental Assets®**

Please sign the application form and return it to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have further questions, feel free to contact a **P.A.L.S.** supervisor.

Sincerely, **P.A.L.S.** Supervisors

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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for my child to be a part of **P.A.L.S.**

**STUDENTS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please Print)

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DATE:\_\_\_\_ /\_\_\_\_ /\_\_\_\_

Adapted source: Playground Leadership Program, Canadian Intramural Recreation Association