



Academy Days Permission

May 5 & 6, 2019

Sunday 1:00 p.m. – Monday 1:00 p.m.

I give permission for _____ to participate
NAME OF STUDENT
in Wisconsin Academy's Academy Days.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

PLEASE PRINT

Date: _____