



Medina Elementary PTSA  
**Destination Imagination**  
"Try-It" Destination Imagination Day  
Permission Slip  
2011-2012

I (parent/guardian)

\_\_\_\_\_

Give (student name):

\_\_\_\_\_

(Name/grade/classroom teacher)

\_\_\_\_\_

permission to attend the Try-It Destination Imagination event on Monday, September 26<sup>th</sup> 3pm-4pm (for Grades 1-2) or Tuesday, September 27<sup>th</sup> 3-4pm (for Grades 3-5) in the Medina Gym.

Parent Name \_\_\_\_\_

Emergency: Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Notes/Allergies: \_\_\_\_\_

I the undersigned understand that participation in this Medina Try-it Destination Imagination event does not guarantee a spot on a DI Team.

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

**For Students:**

Please check the student in between 2:45-3:00pm at entrance to Medina Gym on your assigned date.

We have 30 slots available for Monday and 30 slots for Tuesday.

Please send Permission Slip to school with child OR leave in Medina Office in Destination Imagination Folder.

We ask that parents do NOT attend the Try-It event as it impacts a child's experience. However, if your child has other issues that require your attendance, we will address separately (email [melissamomlloyd@gmail.com](mailto:melissamomlloyd@gmail.com)).

Sincerely,

Melissa Lloyd, Schanon O'Dell-Ataee and Denise Niles – DI Co-chairs

Kristi Stroyan –DI Team Manager Lead