

MONTGOMERY COUNTY PUBLIC SCHOOLS
INTRAMURAL PROGRAM
PARENT/GUARDIAN PERMISSION FORM

Student's Name _____

Grade _____

I give permission for my child to participate in the after school intramural activity program at Kingsview Middle School. This program will be held on Tuesday, and/or Wednesday, and/or Thursday from 3:10-4:30 p.m.

I give permission for my child to participate in the following intramural program(s):

_____ Flag Football (Fall)

_____ Indoor Basketball (Spring)

Other intramurals may be offered during the year and a separate permission form will be available.

I have indicated below the manner in which my child will be transported home:

_____ Walk

_____ I will pick up my child

_____ Activity Bus (available for students who normally ride a bus to school)

_____ Other

(Failure to pick up student on time will result in his/her elimination from the program.)

(Signature of Parent/Guardian)

(Phone Number)

(Date)

(Signature of Parent/Guardian)

(Phone Number)

(Date)

NOTE: When parents have legal joint custody, both parents must sign.

Please return this permission form and the medical card (attached) to Mr. Myers.