

**MONTGOMERY COUNTY PUBLIC SCHOOLS
INTRAMURAL PARENT 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 2:50 pm to 4:15 pm.

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

_____ Activity Bus

_____ Walk

_____ I will pick up my son/daughter at _____ (time)

_____ Other

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

The activity busses will operate on Tuesdays, Wednesdays, & Thursdays, leaving school at 4:15 pm.

I give permission for my child to participate in the after school intramural activity program.

_____ Volleyball (Fall) _____ Flag Football (Fall) _____ Weight Training (Winter)

_____ Golf (Spring) _____ Indoor Basketball (Spring)

Please indicate below any medical conditions which may impact or limit participation in intramurals. _____

(Signature of Parent/Guardian)

(Date)

When the parents are divorced and have legal joint custody, both parents must sign.

Please return permission slip to Mr. MacKay

