

**MONTGOMERY COUNTY PUBLIC SCHOOLS  
INTRAMURAL/EXTRAMURAL PARENT PERMISSION FORM**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

I give permission for my child to participate in the after school intramural activity program at \_\_\_\_\_ . This program will be held on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ .  
Days Time

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 \_\_\_\_\_ , leaving school at \_\_\_\_\_ .  
Days Time

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

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

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

\_\_\_\_\_ Basketball Shoot Out \_\_\_\_\_ Track Challenge

\_\_\_\_\_ Other

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

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