

**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 Hoover 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. Bowen