

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

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

I give permission for my child to participate in the after school intramural activity program at Earle B. Wood Middle School. This program will be held on Tuesday, Wednesday and Thursday from 3:15 to 4:15 PM.

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

- \_\_\_\_\_ Activity Bus
- \_\_\_\_\_ Walk home
- \_\_\_\_\_ I will pick up my son/daughter
- \_\_\_\_\_ Other

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

The Activity bus will operate on Tuesday, Wednesday and Thursday, leaving school at approximately 4:25 PM

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

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\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian) (When the parents are divorced and have legal joint custody, both parents must sign)