

DOLAN MIDDLE SCHOOL
Physical Education Department
Stamford Public Schools

PERMISSION TO ENGAGE IN THE INTRAMURAL PROGRAM

PRINT CHILD'S FIRST AND LAST NAME

GRADE

HOMEROOM

THE INTRAMURAL ACTIVITY WHICH YOUR CHILD WISHES TO PARTICIPATE IN IS
CHECKED OFF BELOW:

GIRLS BASKETBALL

Note: Students must maintain good academic standing to participate.

IN CASE OF EMERGENCY PLEASE CALL:

DR. MR. MRS. MS. _____

Print adult's first and last name

Print adult's relationship to child

Telephone # where guardian can be reached between 2:45-3:55 p.m.

Hospital preference

PRINT PARENT/GUARDIAN'S NAME: _____

HOME TELEPHONE NUMBER: _____

Please describe any medical problems which may limit your child's participation in the intramural activity.

I DO NOT grant permission for child to participate in the Intramural Program at
Dolan Middle School.

I DO grant permission for my child to participate in the Intramural Program at
Dolan Middle School.

parent/guardian's signature

**RETURN COMPLETED PERMISSION SLIP TO THE MAIN OFFICE WHICH
WILL BE FORWARDED TO MR. BELGROVE**