

Net Games 2007

Activity: **Net Games** (Badminton & Volleyball)
Instructor: Ms. Kenney
Time: 2:30 PM - 3:30 PM.
Dates: Oct. 16, 17, 23, 24, 26, 30, 31
Nov. 5, 6, 7
Limit: 25

REGISTER: Complete the Intramural Permission Form below, tear at dotted line and return it to the instructor on or before the first day of the intramural.

Mount View Middle School Net Games Intramural Permission Slip

_____ has my permission to participate in the school's **net games** intramural during the 2007/2008 school year. In giving permission for my son/daughter to participate in the program:

- I state that he/she **does not have any physical condition** that would prevent full, safe participation.
- I accept the responsibility of making **transportation arrangements** for my child. **My child must be picked up at 3:30 PM.**
- If your child is **NOT picked up by 3:30 PM** more than once, he/she may be asked not to participate in this program.
- I realize that my child is required to be covered by school or home **accident insurance** policy.

***If you cannot pick up your child by 3:30 PM,
your child may not participate in this intramural.**

Child's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical emergencies will be taken to the nearest hospital.

Child's medical doctor: _____

List any pertinent health problems: (i.e. allergic to bee stings and specific medication needed.)

Parent/Guardian Signature

Date