

# FRANCIS HOWELL MIDDLE INTRAMURALS

**2017-2018**

We are so happy you have decided to join intramurals this year! Please return this completed form to Ms. O'Connor or Mr. Locke ASAP! Thank you.

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

2<sup>nd</sup> emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Asthma: \_\_\_\_\_ How treated: \_\_\_\_\_

Medical concerns: \_\_\_\_\_

I understand that in order to participate in intramurals, my child must:

- Wear tennis shoes
- Adhere to the Middle School Code of Conduct
- Practice good sportsmanship and character
- HAVE A RIDE AT SCHOOL FOR PICK-UP AT 4:15
- Have turned in this completed form

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\*\*My child has permission to walk home after intramurals..... \_\_\_\_\_

Parent Signature