

# SRMS AFTER SCHOOL CLUBS • INTRAMURALS • ACADEMIC ASSISTANCE

## SENECA RIDGE MIDDLE SCHOOL PERMISSION FORM

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Family Email: \_\_\_\_\_

Parent/Guardian Work #'s: \_\_\_\_\_

Cell # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship : \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

CLUB/INTRAMURAL/ACADEMIC ASSISTANCE	LOCATION	DAY(S) OF THE WEEK	SPONSOR

**\*\*All activities end at 4:20 p.m.**

**Check one:**    Student will ride activity bus \_\_\_\_\_    Student will be picked up by (name): \_\_\_\_\_  
                          Student will walk home \_\_\_\_\_

*Parent/Guardian Signature:* \_\_\_\_\_    *Date:* \_\_\_\_\_

### **VOLUNTEERS**

Parent volunteers are needed to help supervise during Intramural Sports. The teachers will help each session get started with rules of play. Parents can volunteer to supervise each week or every other week for the intramurals. Experience not necessary!

\_\_\_ Yes, I'm available to help. Volunteer name: \_\_\_\_\_

Volunteer Phone Number: \_\_\_\_\_ Days Available (Circle One): M   T   W   F

Intramural Sport Interests: \_\_\_\_\_

### **SPONSOR**

**DATE FORM TURNED IN:** \_\_\_\_\_    **SPONSOR SIGNATURE:** \_\_\_\_\_