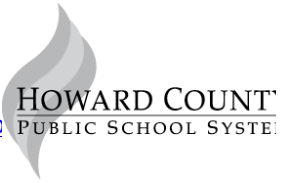


# CLARKSVILLE MIDDLE SCHOOL

6535 S. Trotter Road • Clarksville, MD 21029 • 410-313-7057 • (F) 410-531-5105 • <http://cms.hcpss.org>



## Clarksville Intramural Program

Name of Intramural: \_\_\_\_\_

Dates: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian Name(s) and Contact Information: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Health Concerns (allergies, medications, etc): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to receive: \_\_\_\_\_ phone calls \_\_\_\_\_ emails

### **VERY IMPORTANT:**

Please provide phone numbers that we can use to contact you during program hours from 3:15 -4:15pm. Transportation is not provided and students will need to be picked up promptly at 4:15.

\_\_\_\_\_ Yes, my child has permission to participate in the Clarksville Intramural Program and I have explained the behavioral and attendance expectations to my child. **I will pick up my child/arrange for my child to be picked up at 4:15.**

\_\_\_\_\_ No, my child does not have permission to participate in the Clarksville Intramural Program.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_