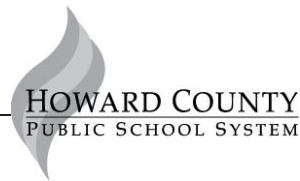




CLARKSVILLE MIDDLE SCHOOL

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http://cms.hcpss.org



Clarksville Middle School Intramural Program

Intramural Program: _____

Program Description: _____

Program Time: _____

Sponsor: _____ Email: _____

Student's Name: _____

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

Secondary Contact: _____

Phone: _____ Email: _____

Health Concerns/Allergies: _____

Preferred Method of Contact: _____ Phone _____ Email

VERY IMPORTANT:

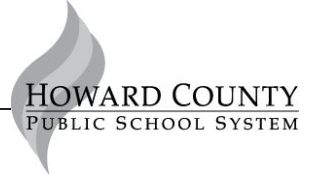
Please provide phone numbers that we can use to contact during program hours from 3:15-4:15pm.
Transportation is not provided and students will need to be picked up promptly at 4:15pm.

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



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Parent/Guardian Signature: _____

Date: _____