



CLARKSVILLE MIDDLE SCHOOL

6535 S. Trotter Road • Clarksville, MD 21029 • 410-313-7057 • (F) 410-531-5105 •

<http://cms.hcpss.org>

Clarksville Middle School Intramural Program

Intramural Program: _____

Program Description: _____

Program Time: _____

Sponsor: _____ Email: _____

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Student's Name: _____

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

Secondary Contact: _____

Phone: _____ Email: _____

Health Concerns/Allergies: _____

Preferred Method of Contact: _____ Phone _____ Email

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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.**

Parent/Guardian Signature: _____

Date: _____