

**Brown Middle School
Academic Intramural Registration Form**

Courses are from 3:00-4:00 pm on their scheduled day. Fee for each course is \$25, plus any material fees if indicated. Please make check payable to Brown Middle School and return with this registration form by December 7.

Student's Name: _____

Grade: _____ Homeroom: _____

Course Title: _____

Check # _____ payable to Brown Middle School Amount: \$

Emergency Contact Information:

Address: _____

Home phone: _____

Parent/Guardian's Name: _____

Mother/Guardian Work phone: _____ Cell: _____

Father/Guardian Work phone: _____ Cell: _____

Parent/Guardian Email: _____

In an emergency, if the parent/guardian cannot be reached, please call:

1st choice: _____ Phone: _____

2nd choice: _____ Phone: _____

Medical/Allergy Issues

Please indicate health issues:

Yes No Diabetes

Yes No Seizures

Yes No Asthma

Yes No Allergies (please list) _____

Other Health Concerns (please list) _____

Current Medications (please list) _____

In the event of a serious medical emergency or accident, school personnel will notify 911 and your child will be transported to an emergency facility. Appropriate school personnel will be informed of health issues.

Signature of parent/guardian: _____

Date: _____

Parent/guardian must sign and the student must return this form to school prior to the first meeting.