

# Smith Middle School

## Permission Slip Intramural Programs

My child \_\_\_\_\_ has my permission to participate in the intramural program to be conducted at Smith Middle School. My child does not have any handicap or illness which will limit his/her participation in this intramural program.

\_\_\_\_\_ My child is physically fit to participate in this intramural program.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Phone number(s) where parent may be reached during intramural meeting times.

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