

# STATE COLLEGE AREA SCHOOL DISTRICT

## 2017-2018 ELEMENTARY INTRAMURAL ACTIVITIES PERMISSION FORM

\_\_\_\_\_ in \_\_\_\_\_ grade/room # \_\_\_\_\_  
(Please print the first and last name of the child) (4th or 5th)

has permission to participate in \_\_\_\_\_.  
 (List name of activity - flag football, open gym, volleyball, track and field. You can list ALL if your student plans to attend ALL)  
 \*Bowling, skiing, swimming, the track meet and volleyball tournament will need a separate form as these are not at PFE.

The State College Area School District strives to make all intramural activities as safe as possible. This includes the use of competent instructors/coaches, safe and dependable equipment, properly maintained facilities, and safe and reliable transportation. Should an accident occur, the parent or guardian will be notified immediately. In the event the parent or guardian cannot be reached the student will be transported to the emergency room of the Mount Nittany Medical Center.

**In order to best understand safety practices and team skills, children must attend at least half of all practice sessions. This attendance is required to participate in the district wide Volleyball Tournament and the Track and Field Meet.**

**Please complete the following information:**

<i>Mother's Name</i>	<i>Home Phone</i>
	<i>Work Phone</i>
	<i>Emergency Daytime Phone</i>
<i>Father's Name</i>	<i>Home Phone</i>
	<i>Work Phone</i>
	<i>Emergency Daytime Phone</i>
<i>Person to contact if parents are unavailable:</i>	<i>Phone</i>
<i>Family Doctor/Pediatrician</i>	<i>Phone</i>

**Emergency first-aid will be administered by the intramural staff, during intramural activities. If your child has chronic health or other exceptional conditions as outlined in a an I.E.P. and need adult support to participate, please contact your child's special education teacher at least one week prior to the start of the intramural program. Student medications stored in the health room are not available during intramural activities. Parents need to make other arrangements if medications or other special considerations are necessary.**

\_\_\_\_\_  
Please list any health concerns for your child

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**Email address** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL**