

NORTH DAVIDSON MIDDLE SCHOOL

FOOTBALL GAME PERMISSION FORM

IMPORTANT — RETURN DURING HOMEROOM

Return this form to your child's homeroom teacher at the start of the school day on the date of the event, along with **EXACT CHANGE.**

Electronic copies will NOT be accepted. Forms cannot be delivered to students during the school day.

Date of Event: ____ / ____ / _____ **Athletic Event: FOOTBALL**

Student Name: _____ **Homeroom Teacher: _____**

Grade: _____

ADMISSION OPTIONS

☐ $4 Admission	☐ $50 All Sports Pass	☐ Already Have a Pass
Single game	All NDMS home games	Must show pass at Study Hall

All Sports Passes will be laminated but cannot be replaced if lost. • Concessions are available at an additional cost.

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Parent/Guardian Name (please print): _____

Parent/Guardian Contact Number: _____

Alternative Contact Name (please print): _____

Alternative Contact Number: _____

PERMISSION & RELEASE

I give my child permission to attend the NDMS **athletic event at North Davidson High School** and to walk from NDMS to the event while chaperoned by teachers. I further agree to release and hold harmless the Davidson County Board of Education, its employees, administrators, agents, trustees, and board members from any and all liability for damages or losses, including acts of negligence, incurred by my child through participation in this activity.

PICK-UP REQUIREMENT

I understand that it is my responsibility to arrange for my child to be picked up from NDHS at the conclusion of the game.

If my child is not picked up by **6:15 PM**, they may be unable to attend future athletic and after-school activities at NDMS. I will emphasize the importance of orderly, respectful, and cooperative behavior during this activity.

Parent/Guardian Signature: _____ **Date: _____**