

**MONTGOMERY COUNTY PUBLIC SCHOOLS
PARENT/GUARDIAN PERMISSION FORM**

_____ Grade _____ has my permission to

(Please print student's first and last name.)

participate in the following interscholastic activities at _____.

(School)

PLEASE NOTE: The middle school interscholastic athletic program is more competitive than participatory. Therefore, selection to a team does not ensure participation in each contest.

Participation in competitive sports is potentially dangerous, and physical injuries may occur that require emergency medical treatment.

Please check all activities in which your child might participate this school year:

_____ Basketball _____ Softball _____ Soccer _____ Cross Country

I have indicated below the manner in which my child will be transported home.

_____ Activity Bus

_____ Walk

_____ I will pick up my child

_____ Other

It is recommended that each participant be covered by medical insurance. Forms for purchasing school insurance can be obtained at each school.

Please check one of the following:

_____ The above named student is covered by medical insurance.

_____ The above student is **NOT** covered by medical insurance.

(Signature of Parent/Guardian)

(Date)

When the parents are divorced and have legal joint custody, both parents must sign.

