

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

PLEASE NOTE: The middle school interscholastic athletics 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.

My child _____ in Grade _____ has my permission to participate in
(Please print student's first and last name)

the following interscholastic activities at Kingsview Middle School.

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:

_____ Walk
_____ I will pick up my child
_____ Activity bus (available for students who normally ride a bus to school)
_____ Can go home with _____
_____ Other: _____

It is recommended that each participant be covered by medical insurance. Forms for purchasing the optional school insurance can be obtained at the beginning of each school year.

Please check one of the following:

_____ The above named student is covered by medical insurance.
_____ The above student is **NOT** covered by medical insurance.
_____ I wish to purchase the optional school insurance.

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: When parents have legal joint custody, both parents must sign.