

Intramural Sport Permission Slip

PLEASE SIGN AND RETURN THE FOLLOWING

We understand and assume all risks associated with practicing and playing intramural sports. We further agree to hold Oak Grove School and its employees, coaches, and volunteers harmless in any and all liability actions and claims in connection with participation in activities related to the intramural program. In signing this form, we assume the inherent risks of intramurals and waive future legal action.

REMEMBER TO HAVE A PHYSICAL FORM TURNED IN TO THE NURSE!!!

Student's name (please print)

Grade Level

Parent's signature

Date Signed

Please list at least two phone numbers where you can be reached in case of an emergency:

1) _____

2) _____

PLEASE RETURN THIS FORM AND YOUR \$10.00 PARTICIPATION FEE TO YOUR INTRAMURAL COACH.