

EMS INTRAMURALS

Supervised by:

Mr. Capra & Mr. Babetski

Who: Students of EMS

Activities: Fall and Winter Outside Football

Activities: Spring Basketball or Dodgeball

When: Every Thursday starting October 12th

Time: 2:35-3:40

Where: Meet in room 20

- Interested participants must return the completed permission slip on the reverse side to Mr. Capra in room 20
- All participants **must be picked up by 3:40** by an authorized person or will be required to take the late bus home.
- Attendance is taken each week we meet but if you need to miss for any reason that is ok
- Outside football will be canceled if the weather is bad
- The gym is available starting in March

Intramural Permission Slip

Name of Parent/Guardian _____

Home Phone: _____

Cell Phone: _____

Other person to contact in case of
emergency _____

Contact # _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of: _____

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- **Please pickup your child promptly at 3:40 or they will be required to take the late bus home.**
 - As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

I hereby agree to the terms above and allow _____ to participate in EMS Intramural Program.

Print Name: _____

Signature: _____