

**ROGER LUDLOWE MIDDLE SCHOOL**

689 Unquowa Road

Fairfield, CT 06824

**INTRAMURAL PARTICIPATION FORM**

Parents/Guardians:

Clubs and intramural sports are based on the concept that every student can get involved and participate regularly. There are no "cuts!" We do expect your child to make a commitment to attend the activity on a regular basis and try his or her best. All activities meet after school from 3:00 p.m. to 4:00 p.m. on the days scheduled by the intramural or club advisor.

Before your child can participate in any intramural or club activity, this information/permission form must be completed and returned to the homeroom teacher. We advise completing and submitting this form as early as possible. This permission form will cover participation in any and all intramural and club activities for the 2014-2015 academic year.

I give \_\_\_\_\_ Homeroom \_\_\_\_\_ permission to participate in the intramural or club program.

\_\_\_\_\_  
Parent/Guardian Signature

Student's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Business phone \_\_\_\_\_

Grade \_\_\_\_\_ Regular Physician \_\_\_\_\_

Dr.'s Phone \_\_\_\_\_

Has your child had any illness or injury that might affect his/her involvement in sports? YES \_\_\_ NO \_\_\_

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital staff to attend to my child. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY TREATMENT INFORMATION**

	YES	NO		YES	NO
Kidney injuries	___	___	Asthma	___	___
Heart Condition	___	___	While competing do you wear glasses/contacts?	___	___
Spleen Injury	___	___	Allergic to bee stings	___	___
Diabetes	___	___	Allergic to medication*	___	___

\*If YES, please explain: \_\_\_\_\_