

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 2016-2017 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: _____