



**5th Grade Intramural Basketball
Permission Slip
2018**

Name _____ Homeroom Teacher: _____

Session Preference: (circle one) Session 1 Session 2 Either Session

T-shirt Size circle one adult small adult medium adult large

*We will make every attempt to assign your child to your preferred session. You will be informed of your child's session (Session 1 or Session 2) by Friday, January 12, 2018.

I am interested in participating in intramural basketball. In joining, I agree to

- A) cooperate with the coaches and with my fellow classmates;
- B) demonstrate good sportsmanship;
- C) make every effort to attend all classes during my session;
- D) help take care of all equipment; and
- E) cooperate with my teammates so that everyone has an equal chance to play.

Student Signature _____ Date _____

My son/daughter has permission to participate in intramural basketball. I know of nothing that would physically prohibit him/her from safely participating in this type of program. I will make every effort to see to it that my child has a ride waiting no later than 4:00pm, so as not to jeopardize his/her eligibility.

Return this permission slip to your homeroom teacher by Thursday, December 14, 2017.
An invoice will be emailed to you for online payment.

Parent Signature _____ Date _____