

INTRAMURAL BASKETBALL PERMISSION

NAME OF CHILD _____

Grade _____

I hereby request that my child be allowed to participate in the Saturday morning intramural basketball program of Saint Michael School.

I accept full responsibility for any accidents or injuries that may result due to such participation and agree to hold harmless the school, the coaches and helpers in the event of such accident or injury.

I give permission for my child to be treated at the nearest medical facility in case of emergency.

Signature of Parent/Guardian

Phone

Hospitalization Insurance Company

I.D. Number

Any known handicaps, allergies or other concerns the coaches should be aware of for your child? _____

____ I am interested in helping with the Intramural program for Grade(s)_____ .

____ I am willing to be the person in charge of Saturday Intramurals.