



INTRAMURAL FORM PARENT/GUARDIAN CONSENT

I hereby consent to the participation of _____, grade _____ in the _____
(name of student) (name of activity)
intramural program. I acknowledge that the nature of the Intramural activity may involve the threat of
injury to participants and that those who enroll in the program will be required to provide the
information requested below.

The above student has the following medical condition which might affect the participation of him/her
and which the Intramural Program Advisor should be aware of:

I acknowledge that I have been advised of the student medical insurance program available through the
District and the District's recommendation that we purchase such insurance or obtain other medical
insurance. In this regard, indicate one of the following:

- ___ 1. I have already purchased school insurance for the school year.
- ___ 2. I wish to purchase school insurance and request an insurance form
(*have student pick up the form in the main office)
- ___ 3. I have other insurance coverage _____
(name of company)

Parent/Guardian Signature: _____

Telephone Number: _____
(home) (work) (cell)

Address: _____

Date: _____

