



John Young Middle School
INTRAMURAL PROGRAM
 Release form for Student Participation

LAST NAME	FIRST NAME	GRADE

This permission slip enables your student to participate in the intramural program at John Young Middle School (JYMS). I know and understand the risks that may be involved in intramural/activities, and that unexpected and unanticipated situations or injuries may arise. I assume all risks of injury that may be sustained by my child's involvement in the JYMS intramural program. I will not hold JYMS or School City of Mishawaka responsible in the event of an injury. I give consent to JYMS staff for the rendering of immediate first aid attention in the case of an emergency. I also understand that JYMS is not responsible for transportation to or from a destination of an offsite activity unless arranged by the coordinator. I also understand that my child must abide by all JYMS rules, guidelines and expectations.

** Questions call 574-254-3616

Date	Parent/Guardian Signature	Student Signature

EMERGENCY CONTACT NUMBERS

1.		
	Parent/Guardian Name	Telephone #
2.		
	Name	Telephone #
3.		
	Name	Telephone #

Check mark the boxes of the Intramural Program you will be attending.

- | | | |
|---|--|--|
| <input type="checkbox"/> International Club | <input type="checkbox"/> Winter Running Club | <input type="checkbox"/> Workout Club |
| <input type="checkbox"/> Chess Club | <input type="checkbox"/> Lego Robotics Club | <input type="checkbox"/> Anime Club |
| <input type="checkbox"/> Crafters Corner | <input type="checkbox"/> Art Club | <input type="checkbox"/> Dungeons & Dragons Club |
| <input type="checkbox"/> Scooby Doo Club | <input type="checkbox"/> Drama Club | <input type="checkbox"/> Other |