

LAKEVIEW INTRAMURALS
Due: Tuesday, September 8
Session 1: September 15 – October 15

Each participant MUST have a signed permission form each intramural session.

STUDENT NAME: _____

(Please print neatly)

TEAM: _____

**My child has permission to attend the activity listed below from 2:40 – 4:00.

_____ I WILL PICK MY CHILD UP AT **4:00 P.M.**

**Receiving a bus conduct on the afterschool bus will result in suspension from late bus transportation for the remainder of the year.

_____ MY CHILD WILL WALK RIDE THEIR BIKE. (CIRCLE ONE)

_____ MY CHILD WILL **RIDE THE INTRAMURAL BUS**** HOME.

**PARENT SIGNATURE _____

DATE _____

Please list session name below for each day

TUESDAY _____ THURSDAY _____