

Student Last Name _____ Student First Name _____ Grade: _____



Permission to Participate in Extracurricular Activities D103: Daniel Wright Junior High School

In order to participate in Extra-Curricular Activities at Daniel Wright Junior High School, the following form must be completed by a parent or guardian and given to the coach or supervisor of the activity.

I give permission for my son/daughter/child _____
(Please Print Student Full Name)

to participate in _____ beginning
(indicate activity/sport/club on line above)

on the following date _____.

Printed Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Parent or Guardian Emergency Contact Number: _____

If medical treatment should be required for an activity related incident, I authorize the use of family medical insurance indicated below.

Insurance Company Name _____ Phone # _____

Policy Holder Name _____ Policy # _____