

**INTRAMURAL PERMISSION SLIP FORM**  
**(Please Print Clearly)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_

**Emergency Contact Person:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**I hereby give permission for my son/daughter to participate  
in the Bryan Middle School Intramural program.**

**I also agree to pick up my child at the designated  
time.**

**Parent Signature:** \_\_\_\_\_