
SCHOOL

Northside Independent School District

Parental Permission Form for Participation in Intramural Programs

_____ has permission to participate in the Intramural Program. I
NAME OF STUDENT
understand that participation in the Intramural Program will be under the following conditions:

1. My child may walk home or I will provide transportation for him/her and make sure he/she exits the school campus no later than 15 minutes after the completion of activities.
2. Students are expected to follow all policies, rules, and regulations of the Northside Independent School District. I further understand that any student participating, performing, viewing, or representing a Northside school or the District (including practice, competition, travel to and from the event, or other related activities) who displays conduct which is disruptive or detrimental to the program including but not limited to using, possessing or being under the influence of alcohol, marijuana, hallucinogenic drugs or other prohibited substances of any kind, or attempting to sell, to distribute, or to use said prohibited items on the campus of any school in the District or at any activity as mentioned above will be subject to immediate withdrawal from the program for the remainder of the school year and possible removal from the home school to an alternative program or expulsion from school (Northside Board Policies, FNCF local, FNGG local, FNCH local).
3. I will not hold the Northside Independent School District or its employees liable for accidents or injury which may occur.
4. I understand that a nurse and/or trainer will not be available for direct first aid. I would like to advise you of the following medical conditions my child has (write yes or no in the space provided).

Asthma _____ Diabetes _____ Heart Problem _____

Convulsive Disorder _____ Orthopedic Disability _____

Other (please list) _____

Student Signature/Date

Parent or Guardian Signature/Date

Home Telephone Number

Work Telephone Number

Name & Relationship of Emergency Contact

Alternative Emergency Phone Number

-J200-07/SD
until superseded +
2 years

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This form must be completed and returned prior to participating.