

**LAKEVIEW INTRAMURALS**

Due: Thursday, September 1

Session 1: September 13 – October 13

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 \_\_\_\_\_

**Return to Ms. Martensen (Room 152) or turn into the office**