

Prairie Middle School

Activity Permit Form for the _____ School Year (specify year)

My son/daughter may be participating in one or more extra curricular activities while a student at Prairie Middle School.

Name: _____ Grade: _____ Birth Dt: _____

Physician: _____ Phone: _____

I (We) understand that accidents may occur in athletics & activities even though normal, acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in the interscholastic program.

Parent/Guardian Signature Date

- Student's/Parent's Acknowledgement of Reviewing Handbook -

I (We) hereby acknowledge that I (we) have read the activities rules and regulations from the Activities Handbook on the below date and agree to adhere to the regulations to the best of my (our) ability while participating in activities at Prairie Middle School.

Parent/Guardian Signature Date

Athlete Signature Date

Note: This form along with a current physical examination form & insurance waiver form must be completed and on file in the Middle School Office before participation will be allowed.