



PATAPSCO MIDDLE SCHOOL

8885 Old Frederick Road • Ellicott City, MD 21043 • 410-313-2848 • (F) 410-313-2852 • www.pms.hcpss.org

Intramural Program Permission Slip

Name of Intramural: *RC Car Club*

Date/Time of Intramural: *4/22, 4/29, 5/1, 5/6, 5/8, 5/13, 5/15*

Student's Name: _____

Parent/Guardian Name(s) and Contact Information:

Primary Contact: _____

Phone: _____ Email: _____

Secondary Contact: _____

Phone: _____ Email: _____

I prefer to receive: _____ phone calls _____ emails

VERY IMPORTANT:

Please provide phone numbers that we can use to contact you during program hours from 2:50pm-4:00pm. Transportation is not provided and students will need to be picked up promptly at 4:00.

_____ Yes, my child has permission to participate in the intramural and I have explained the behavioral and attendance expectations to my child. I will pick up my child/arrange for my child to be picked up at 4:00.

_____ No, my child does not have permission to participate in the intramural.