After School Activity Permission Form

My son/daughter has my permission to participate in an after school activity.

Student: ________________________________  Grade: _______________
(Print Legibly)

Activity: ________________________________  Date: _______________
(One activity per form)  Day/Month/Year

Note: Athletes must be picked up from their respective location at 5 p.m. Activity buses leave school at 4:30 PM. Written permission is necessary to car pool.

_______________________________  _______________________________
(Student Signature Required)  (Parent/Guardian Signature Required)

For Athletes only: By providing signatures, the student-athlete and parent/guardian acknowledges receiving the Sudden Cardiac Death Pamphlet, Sports-Related Concussion & Head Injury Fact Sheet, and Opioid Use & Misuse Educational Fact Sheet, which are available on the WMS website under ATHLETICS and in the main office.  March ‘18