



After School Activity Permission Form

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

Student: _____
(Print Legibly)

Grade: _____

Activity: _____
(One activity per form)

Date: _____
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*



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