

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_\_



## Permission to Participate in Extracurricular Activities D103: Daniel Wright Junior High School

*To participate in extracurricular activities at Daniel Wright Junior High School, the following form must be completed by a parent or guardian and given to the coach or supervisor of the activity.*

I give permission for my child, \_\_\_\_\_,  
(print student name)

to participate in \_\_\_\_\_  
(activity/sport/club)

beginning on \_\_\_\_\_.  
(date)

**Printed Parent or Guardian Name:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Parent or Guardian Emergency Contact Number:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

*If medical treatment should be required for an activity related incident, I authorize the use of family medical insurance indicated below.*

Insurance Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Policy # \_\_\_\_\_