

MONTAGUE TOWNSHIP SCHOOL DISTRICT

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Timothy C. Capone
Chief School Administrator
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District Office Secretary

Montague Township After School Intramural Sports Permission Form

Student Name _____ Grade _____ School Year _____

Name of Intramural (please circle): Soccer Flag Football Cross Country Track Basketball Volleyball

Location to meet: Gym/Field

Days of the Week : Tuesday, Wednesday, Thursday beginning : _____

NJ sport physical requirements including physician clearance and all forms in this packet must be completed before a child can participate in any intramural sport.

I AGREE TO RELEASE the Montague Township School District, Board of Education and its employees for any injuries incurred when there is proper supervision and coaching of the athlete by the coaching staff.

I know of no physical or medical condition that would adversely affect my child's ability to participate in athletics.

Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with proper coaching, use of approved protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge that I have read and understood this warning.

I understand that I will be responsible for ensuring the return of all equipment issued to the student at the end of the season.

BEFORE SIGNING THIS FORM please be sure that your child has no outstanding conflicts during these meeting times. Regular attendance is required.

Parent/Guardian Signature _____ Date _____

I agree to follow all rules set forth by coaching staff and take proper care of equipment.

I know of no physical or mental condition that would adversely affect my ability to participate in athletics.

Student Signature _____ Date _____