

J.P. CASE PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

PLEASE RETURN THIS FORM TO THE ADVISOR PRIOR TO ATTENDING

Please Print Information:

STUDENT NAME _____ HOMEROOM NUMBER _____

Name of Activity _____ Name of Advisor/s _____

Day/Meeting Time _____ Other Information _____

My child has permission to participate in the above after school activity. I understand and agree to provide transportation promptly at the activity's conclusion. Please note: Students are to be picked up at main entrance of the school facing Case Blvd., unless otherwise indicated above.

Parent/Guardian Name

Daytime telephone and/or cell phone#

Alternate emergency contact

Daytime telephone and/or cell phone#

If activity is sports related, Physician's Name and telephone #: _____

Parent's Signature: _____ Date: _____

Email Address: _____

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