

Intramural Soccer

Sponsor: Mr. Jones

Student's Name/Teacher/Grade Level

Has my permission to participate in intramural soccer. I hereby declare that either our family insurance provides adequate coverage or that I assume full responsibility for medical expenses incurred as a result of my child's participation in intramural soccer.

Parent Signature/Emergency Telephone Number

No, I would not like to purchase a t-shirt _____
(No cost)

Yes, I would like to purchase a t-shirt _____
(Cost is \$8)

Circle one please:

Child small

Adult small

Child medium

Adult medium

Child Large

Adult large

Adult extra large

Adult extra extra large

**PLEASE DO NOT SEND CASH AND MAKE
CHECKS PAYABLE TO BRIMFIELD GRADE
SCHOOL!**