

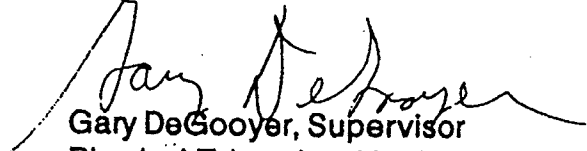
Great Falls Public Schools
Great Falls, Montana

ATHLETIC PARTICIPATION APPROVAL

Dear Parent:

Your son or daughter is interested in participating in the intramural athletic program in the Great Falls Public Schools. We would like to know if this is in accordance with your wishes, and if he/she is participating with your permission.

Sincerely,



Gary DeGooyer, Supervisor
Physical Education, Health
& Athletics

(detach and return)

Co-Ed Team Captain _____

Girls' Team Captain _____

Boys' Team Captain _____

TO: Supervisor of Physical Education, Health & Athletics

I do hereby consent to allow my son or daughter, _____
(name)
to participate in the Great Falls Public Schools intramural athletic program and will
assume responsibility in the event of an accident or injury.

Parent's Signature