

## **NVHS INTRAMURAL PERMISSION WAIVER**

I AM AWARE THAT MY SON/DAUGHTER\_\_\_\_\_IS  
PARTICIPATING IN THE INTRAMURAL PROGRAM AT NEUQUA  
VALLEY DURING THE WINTER SEASON. I AM ALSO AWARE  
THAT HE/SHE IS MUST ABIDE BY THE SCHOOL POLICIES AND  
REGULATIONS. THEREFORE MY SON/DAUGHTER HAS  
PERMISSION TO PARTICIPATE IN THE INTRAMURAL PROGRAM  
ACTIVITY.

PLEASE LIST ANY MEDICAL CONCERNS OF WHICH WE SHOULD  
BE AWARE OF: (EX: ASTHMA, ALLERGIES, ETC)

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MEDICATIONS: \_\_\_\_\_

EMERGENCY CONTACT

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_

If an emergency arises during my absence, I want my child to be given any  
medical treatment deemed necessary by the examining physician.

DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

STUDENT (PLEASE PRINT) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\*\*\*THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO PARTICIPATE IN ANY  
INTRAMURAL ACTIVITY. IN THE **ACT OF FORGERY** THE STUDENT WILL BE REMOVED  
FROM ALL INTRAMURAL ACTIVITIES. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT  
THE INTRAMURAL DIRECTOR AT [NVHS-INTR@IPSD.ORG](mailto:NVHS-INTR@IPSD.ORG). THANK YOU