

HARTFORD SCHOOL  
AFTER SCHOOL INTRAMURAL SPORTS & CLUB  
PERMISSION FORM



Name of Intramural/Club: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Club Location: \_\_\_\_\_

Months Club Will Meet: \_\_\_\_\_ Days Club Will Meet: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING THIS FORM!**

- **NJ Sport Physical requirements must be completed before a child can participate in any Intramural Sport. Please refer to the School Website for the necessary forms.**
- Please be sure your child has no conflicts that will interfere with these meeting dates. Due to space limits in many activities, regular attendance is expected so other students are not turned away.
- For clubs of 15 or less students, members will be randomly chosen, not first come, first serve.
- Activities end at approximately 3:50 pm. Late buses run Tues/Thurs ONLY departing at approximately 4 pm. Late Buses drop off in general locations in each neighborhood. If you plan to pick up your child, please come to Hartford Lobby by 4:00 or your child may be sent home on the bus. If you are late picking up your child more than once, he/she may lose their standing in the club.
- Once confirmed, your child will receive a **club schedule and information to sign up for Remind Text Messages from the club advisor.**
- Larger clubs may be divided into groups. **If the club is divided into groups, please make note of your child's group #.**
- **Parents will receive a text message alert if there are changes/updates/cancellations for the club, or they can check the PowerSchool Daily Bulletin.**
- **Please remind your child, or discuss any pertinent information, about clubs before they come to school in the morning to avoid confusion and classroom interruptions.**



PRINT CHILD'S FULL NAME: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

I give permission for my child to participate in \_\_\_\_\_  
(NAME OF CLUB)

with \_\_\_\_\_  
(NAME OF CLUB ADVISOR)

PARENT SIGNATURE: \_\_\_\_\_  
*(My signature indicates I have read all the Club/Intramural participation requirements outlined above)*

ANY CURRENT MEDICAL OR HEALTH CONCERNS: \_\_\_\_\_

PARENT/GUARDIAN CELL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MY CHILD WILL (circle one) RIDE BUS OR BE PICKED UP BY: \_\_\_\_\_  
(NAME)

*Any change of transportation plans should be in writing the day of the change and presented to the advisor by your child.*