

*WEST WOODS INTRAMURAL PROGRAM
PERMISSION FORM*

Winter Session 2018-2019

_____ has my permission to participate in the intramural program.

Grade _____ Homeroom Teacher _____

Signature (Parent/Guardian) _____

Emergency #: _____

Allergies _____

Remarks or other conditions: _____

If you have not paid the one time (per school year) \$60.00 Intramural fee, please fill out the EXCL information sheet that came with this packet and attach payment to it. Please review attached schedule for specific 5th and 6th grade dates.

Please check the activities your child will participate in :

Volleyball (11/28/18 – 12/20/18) _____

Basketball (1/7/19 – 2/4/19) _____

Badminton (2/11/19– 3/7/19) _____

Gymnastics (3/20/19 – 4/3/19) _____

**** There are NO LATE BUSES during winter intramurals except for CREC students ****

I will pick up my child at 4:20 p.m. _____

EXCL after intramurals _____

CREC Bus _____

**PERMISSION FORMS MUST BE RETURNED TO THE
STUDENT'S HOMEROOM TEACHER BY:**

Wednesday, November 21st , 2018

West Woods Upper Elementary School
Farmington Extended Care & Learning
“Pay to Participate” Intramurals Enrollment Form
2018-19

Intramurals will be offered on a “pay to participate” basis for the 2018-2019 school year through Farmington Extended Care and Learning. A ONE TIME (good for the entire school year) flat fee of \$60.00 will allow your child to participate in all three Intramural sessions. Farmington Extended Care and Learning is tax exempt and our tax ID number is 066001614. To enroll your child into the West Woods Intramural Program please fill out the form below and attach a check paid to the order of “Farmington EXCL”. Permission slips for each Intramural session will need to be filled out separately for Fall, Winter, and Spring sessions.

**Questions regarding the intramural program, please contact:
Kevin Kubas, Intramural Director
284-1230 ext 4701**

**Questions regarding payment/billing, please contact:
Brian Thompson, EXCL Coordinator
404- 0112 – PRESS 2**

Enrollment Form

CHILD’S INFORMATION:

Child’s Name: _____ D.O.B.: _____ Grade in Sept: _____
Home Address: _____ Town: _____
Zip Code: _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian: _____
Home Address: _____ Town: _____
Home Phone: _____ Work Phone: _____

Father/Guardian: _____
Home Address: _____ Town: _____
Home Phone: _____ Work Phone: _____

Payment of \$60.00 Check # _____ Date _____
Parent/Guardian Signature: _____ Date _____
Parent/Guardian Printed Name: _____ Date _____

*Please have your child hand this enrollment form with payment into the West Woods Main Office