

Rose Tree Media School District School Clubs Permission Slip

Name of Club: Indian Lane Elementary School Intramurals

Description of Club: Intramurals is an extension of physical education class. Students will have the opportunity to work on more advanced skills and compete in team oriented games.

Please note – Pickup will be at 4:45 from the car-line doors (Kindergarten).
4th and 5th Grade will alternate weeks (please refer to the schedule)

Who can participate? Circle All That Apply Gr. 1 Gr. 2 Gr. 3 **Gr. 4** **Gr. 5**

Club Sponsors: Mr. Jeff Leahan Mr. Ryan Lewis _____
Teacher name Teacher name Teacher name
jleahan@rtmsd.org rlewis@rtmsd.org _____
e-mail address e-mail address e-mail address

Day of the Week: Tuesday Time: 3:35 to 4:45

From: 10/22/19 To: 4/28/20 Pick-up time is: 4:45
date date

Please complete and return the bottom portion to your child's teacher. If you sign your child up for this club and your child will NOT participate on a particular day, please send in a note that particular morning indicating the method of dismissal (car/bus). We will report this information to the club sponsors.

CLUB PERMISSION SLIP

I give my permission for my child, _____, to participate in
name of student (please print)
Intramurals on the dates listed above. I will arrange for him/her to be picked up promptly (for
p.m. clubs) on those days.

Print name of Parent

Classroom teacher's name

Grade

Parent Signature

Parent e-mail address

Parent cell phone number

My child attends PM Springboard (Y or N)

In case of emergency and I cannot be reached, please call

Name

Phone

Relationship to student

I understand that the school nurse is not available during before or after school activities and, in the event of a medical emergency, 911 will be called.

Parent Signature

Date

My child has a chronic health condition, and I have made arrangements for my child to have access to required medication/devices (i.e. inhalers, glucose testing equipment, epi-pens, etc.) during their participation in the before or after school activity. Describe arrangement: (i.e. where medication will be stored; if self-carry-the appropriate forms have been completed and submitted): _____

OR Check Here _____ if Not Applicable

Parent Signature

	Date	Grade	
Oct.	22-Oct	5	IM Start Date
	29-Oct	4	
Nov.	5-Nov	No School (In-Service)	
	12-Nov	5	
	19-Nov	4	
	26-Nov	No School (Conferences)	
Dec.	3-Dec	5	
	10-Dec	4	
	17-Dec	5	
	24-Dec	No School (Winter Break)	
	31-Dec	No School (Winter Break)	
Jan.	7-Jan	4	
	14-Jan	5	
	21-Jan	4	
	28-Jan	5	
Feb.	2/4/2020	4	
	2/11/2020	5	
	2/18/2020	4	
	2/25/2020	5	
Mar.	3/3/2020	4	
	3/10/2020	5	
	3/17/2020	4	
	3/24/2020	5	
	3/31/2020	4	
Apr.	4/7/2020	No School (Spring Break)	
	4/14/2020	5	
	4/21/2020	4	
	4/28/2020	5	End Date