

FRMS Intramural Sign-up Sheet
(Teachers, please forward to Coach Ferdinandsen)

Student Name _____

Homeroom Teacher _____

Parent Name _____

Home Phone _____

Cell Phone _____

Emergency Contact _____

Student Special Needs _____

My child has permission to participate in the FRMS Intramural program. I understand that my child is responsible for displaying good sportsmanship and following the behavior guidelines stipulated in the Fayette County Code of Conduct. I agree to provide transportation for my child to be picked up promptly at 4:25 pm. Failure to comply with these rules will result in dismissal from the program.

Parent Signature _____

Date _____