

MSA Madness Basketball Tournament



Activity: **MSA Madness Basketball Tournament**
Sponsor: Mount View Middle School SGA & Mr. Walsh
Time: 6:30-8:30
Dates: March 17, 2010
Limit: 8 Teams

**REGISTER: Complete the Intramural Permission Form below
and return it to Mr. Walsh as soon as possible.**

.....
_____ has my permission to participate in the school's MSA Madness Basketball Tournament. In giving permission for my son/daughter to participate in the program:

- I state that he/she **does not have any physical condition** that would prevent full, safe participation.
- I accept the responsibility of making **transportation arrangements** for my child. **My child must be picked up at 8:30 PM.**
- I realize that my child is required to be covered by school or home **accident insurance** policy.

Child's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical emergencies will be taken to the nearest hospital.

Child's medical doctor: _____

List any pertinent health problems: (i.e. allergic to bee stings and specific medication needed.)

Parent/Guardian Signature

Date