

**JERICHO PUBLIC SCHOOLS
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION
AND ATHLETICS**

December 2009

Dear Parent:

I am pleased to let you know that your child has demonstrated an interest in participating in the intramural program listed below.

I hope you will encourage your child's participation by signing and returning the permission slip and by discussing with your child that although participation is voluntary, the success of intramural programs rely on consistent attendance.

Should you have any questions about our programs please feel free to call me at 203-3600, extension 3248.

Sincerely,

Ms. Sammis

Nancy Sammis
Curriculum Associate for
Health & Physical Education

GRADES 9 - 12: INTRAMURAL GIRLS LACROSSE - HS

Session:	January 4, 6, 11, 13, 20, 25, 27 February 1, 3, 10, 22, 24 March 1, 3
Day(s) of Week:	Monday & Wednesdays
Time:	7:00 p.m. to 8:30 p.m.
Place:	TBA
Supervisor(s):	Jackie Marcel

-----Detach & Return-----

INTRAMURAL PARENT PERMISSION FORM

My child _____ in grade _____ has decided to make a commitment to the following Intramural:

GIRLS LACROSSE - HS

I give my permission for Intramural participation.

Parent's Signature _____ Date _____

Emergency Phone Number _____