JERICHO PUBLIC SCHOOLS
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION
AND ATHLETICS

January 2010

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 SOFTBALL – MS & HS

Session: January 10, 17, 24, 31
February 7, 28

Day(s) of Week: Sunday

Time: Grades 6 - 8 9:00 a.m. –10:00 a.m.
Grades 9 – 12 10:00 a.m. – 11:00 a.m.

Place: Field House

Supervisor(s): James Whelan

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

INTRAMURAL PARENT PERMISSION FORM

My child_____in grade _____has decided to make a commitment to the following Intramural:

SOFTBALL - HS

I give my permission for Intramural participation.

Parent's Signature_____Date_____

Emergency Phone Number_____