

**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,

*Nancy Sammis*

Nancy Sammis  
Curriculum Associate for  
Health & Physical Education

**GRADES 9 - 12: INTRAMURAL                      VOLLEYBALL - HS**

**Session:**                      Jan. 5, 12, 19, 26  
   Feb. 2, 9, 23  
   March 2, 9

**Day(s) of Week:**            Tuesday

**Time:**                        7:00 p.m. – 8:30 p.m.

**Supervisor(s):**             Pete Okulski

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

**INTRAMURAL PARENT PERMISSION FORM**

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

**VOLLEYBALL - HS**

I give my permission for Intramural participation.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_