



Lake Forest School District 67

School Year _____

Grade _____

Date _____

DEER PATH MIDDLE SCHOOL
Lake Forest, Illinois

Athletic Department

I hereby grant permission for my child _____, to participate in the interscholastic/intramural program at Deer Path Middle School for the forthcoming school year.

I understand and accept the fact that the school carries no insurance, although all normal precautions will be taken to prevent injury to any participant.

I also grant permission for my child to travel to and from interscholastic activities in transportation arranged for by the school.

Parent's Signature _____

Home Phone _____

Cell Phone _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Please return this completed form to the Deer Path Middle School office prior to your child's participation in interscholastic/intramural sports.