

Esperanza Middle School

Wiffle Ball

After School Permission Slip

(Please turn in to homeroom teacher)

I hereby grant my student, _____ permission
to participate in 2019-2020 Esperanza Middle School Wiffle Ball Intramural.

Student's Grade _____

Parent Name (printed) _____

Parent Signature _____

Date _____

Parent Contact Information (____) _____

*** YOU MUST HAVE AN ARRANGED RIDE OR PLANS WITH THE AFTER SCHOOL
PROGRAM FOR A 3:30 PICK UP IN ORDER TO PARTICIPATE!**

If someone other than the signed name above will be picking up your student
please indicate that person's name and phone number below.

Name _____

Contact Information (____) _____

**I give permission for my student to participate after school hours in the activity
listed above. I understand that all school rules and regulations apply and that
failure to abide by these guidelines may result in further disciplinary action to
include dismissal from the activity. Additionally, my student has arrangements
to be picked up or transfer to another after school activity at 3:30 PM.**