



PERMIT TO PARTICIPATE

Name _____ Grade _____ Activity _____

I hereby give my consent for the above named student to participate in intramural athletics as offered by Traverse City Area Public Schools. Recognizing that as a result of participation in intramural athletic contests and practice sessions, the possibility of injury exists. I agree not to hold Traverse City Area Public Schools liable for any such injuries incurred. Medical information withheld, incomplete, or incorrect relieves Traverse City Area Public Schools from all medical-legal liability and may disqualify your son/daughter from participation on any Traverse City team.

**Parent/Guardian
signature** _____

Date _____

This application for the privilege to compete in intramural athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules of Traverse City Area Public Schools.

**Student
signature** _____

Date _____

All intramural activities require a \$20 participation fee. Please make checks out to TCAPS.

