



Galloway Township Public Schools

101 South Reeds Road
Galloway, NJ 08205
(609) 748-1250
<http://www.gtps.k12.nj.us>

**GALLOWAY TOWNSHIP MIDDLE SCHOOL
CO-CURRICULAR/INTERSCHOLASTIC SPORTS PERMISSION SLIP**

Student's Name: _____ **Grade:** _____ **Team:** _____

Activity/Meeting Days: _____ **Date of Birth:** _____

I give permission for my child, named above, to participate in the activity and on the day(s) indicated. I understand that my child is to comply with all rules of safety, conduct, and respect as prescribed by the school. If first aid is necessary, I give permission for its administration by certified personnel.

Does your child have a medical condition the Coach needs to be aware of? **YES** **NO**

If yes, please explain: _____.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone: _____ **Work Phone:** _____

Please return this slip no later than: _____

"Where Children and Learning Come First"