

Basketball Open-Gym
Please Print

Student Name _____ Grade _____

Homeroom _____ Phone Number in case of emergency _____

I, (print parent/guardian name) _____, allow my son or daughter,
(print student's name) _____ to attend Basketball Open-Gym on

Friday: **CIRCLE ONE**

2:00 – 3:30 pm

October 12
November 9
Girls

October 19
November 2
Boys

Open-gym is directly after school. I understand that my child needs to be in attendance at school the day of the activity.
I understand that I am responsible for my child's transportation from the dance and will pick up my child promptly at 3:30pm in FRONT PARKING LOT of Sebastian Middle School. If I fail to pick up my son or daughter on time, I understand that my child may not be allowed to attend future open-gym events.

Parent signature _____ Date _____

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