

**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 open gym 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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