

CRESTWOOD MIDDLE SCHOOL



Wyldlife Club Permission Slip

School sponsors: Ms. Doriani & Mrs. Madsen
(757) 494-7560
joelle.doriani@cpschools.com
teresa.madsen@cpschools.com

Student's First and Last Name: _____

Grade: _____ Homeroom Teacher: _____ Room Number: _____

My child has permission to participate in the Wyldlife Club which meets in the gym on Wednesday mornings from 7:30 – 8:30 **(beginning October 12th)**.

Please check below to indicate if you allow your child to walk, or you will provide transportation.

- My child is a walker and has my permission to walk to Wyldlife Club.
 I will provide transportation to the school and drop off my child at the gym entrance.

My signature releases the school and sponsors from liability in case of an accident or injury as a result of participation in club activities.

_____	_____	_____
Parent/Guardian Signature	Phone	Date

Parent/Guardian e-mail (Please print clearly.)		

Emergency Contact	Phone	

Please list any medical conditions you would like us to be aware of:

I understand that while participating in Wyldlife Club activities, I am under school jurisdiction and agree to abide by the school rules as stated in the student handbook.

Student Signature _____

Please return the signed permission slip to the main office or media center.