

Student Activity Participation Form

Student Name:
Parent/Guardian Name 1:
Phone Number:
Alternate Phone Number:
Parent/Guardian Name 2:
Phone Number:
Alternate Phone Number:

- ☐ By signing below, my student _____ has permission to participate in an Merrimack Middle School Activity:

Activity

Date

- ☐ I understand that MMS student handbook rules and expectations are in effect during the event and will review expectations with my student.

Parent/Guardian Signature

Date