

Walton Central School District

Dr. Michael A. MacDonald, Superintendent of Schools



Justin Preston
Athletic Director

Athletics
47-49 Stockton Avenue
Walton, NY 13856
(607) 865-4116

Rosie Greene
Secretary

INTRAMURAL PERMISSION SLIP

My son/daughter, _____, has permission to participate in the fall intramurals program at Walton Central School. I am aware that playing or practicing in an intramural sport can be dangerous and involve the risk of injury. I hereby assume all risks associated for my child to participate.

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Emergency Contact Information:

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Please return to your coach or either the Middle School or High School Office.