

SCHOOL (circle one)= CS EP FT GW MNE PFE RP SCE

**PERMISSION FOR ELEMENTARY INTRAMURAL: SKIING or SNOWBOARDING (circle one)**

STUDENT NAME (First and Last): \_\_\_\_\_

Grade (circle one): 4th or 5th Room #: \_\_\_\_\_

has my permission to participate in the State College Area School District's elementary intramural ski program at Tussey Mountain Ski Area. I have read the information in this packet and realize the need for my child to be a safe, responsible skier. My child will follow the regular bus rules and bussing policies during the ride to Tussey Mountain Ski Area.

**I understand that I must provide prompt transportation home from the slope.**

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

↗ Please list above any health concerns for your child, including severe food allergies. ↖

**Emergency first-aid will be administered by the Intramural Staff during intramural activities. If your child has chronic health or other exceptional conditions as outlined in a 504 Service Agreement or an I.E.P., please contact the Student Services office at 231-1054 or the Special Education office at 231-4172 at least one week prior to the start of the intramural program.**

Two emergency telephone numbers: \_\_\_\_\_

**PLEASE FILL OUT BOTH TOP & BOTTOM CARDS (one for Tussey and one for school)  
& RETURN BOTH CARDS IMMEDIATELY TO THE SCHOOL INTRAMURAL COORDINATOR.**

---

SCHOOL (circle one)= CS EP FT GW MNE PFE RP SCE

**PERMISSION FOR ELEMENTARY INTRAMURAL: SKIING or SNOWBOARDING (circle one)**

STUDENT NAME (First and Last): \_\_\_\_\_

Grade (circle one): 4th or 5th Room #: \_\_\_\_\_

has my permission to participate in the State College Area School District's elementary intramural ski program at Tussey Mountain Ski Area. I have read the information in this packet and realize the need for my child to be a safe, responsible skier. My child will follow the regular bus rules and bussing policies during the ride to Tussey Mountain Ski Area.

**I understand that I must provide prompt transportation home from the slope.**

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

↗ Please list above any health concerns for your child, including severe food allergies. ↖

**Emergency first-aid will be administered by the Intramural Staff during intramural activities. If your child has chronic health or other exceptional conditions as outlined in a 504 Service Agreement or an I.E.P., please contact the Student Services office at 231-1054 or the Special Education office at 231-4172 at least one week prior to the start of the intramural program.**

Two emergency telephone numbers: \_\_\_\_\_

**PLEASE FILL OUT BOTH TOP & BOTTOM CARDS (one for Tussey and one for school)  
& RETURN BOTH CARDS IMMEDIATELY TO THE SCHOOL INTRAMURAL COORDINATOR.**