



**Canyon Ridge Middle School**  
12601 Country Trails Lane, Austin, TX 78732  
(512) 570-3500



## Permission Slip

**Students who do not return this slip to school may not participate in this event.**

### To Whom It May Concern:

My son/daughter has my permission to attend and participate in:

Activity: Volleyball Intramurals

Location: Auxiliary Gym

Date(s): **September** 25, 26 **October** 2, 3, 10, 11, 16, 17, 23, 24, 30, 31

Time: 7:45-8:45am

My child has promised that he/she will conduct himself/herself in an appropriate manner.

I understand that my child will be supervised at all times.

I also authorize Leander I.S.D. to represent me, in the event of a medical emergency, at any medical institution receiving my child. Furthermore, the Leander I.S.D. representative may give the necessary authorization for surgery when medical authorities deem it indispensable.

Student's name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Please print the following information:

Parent's first name: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Last name (if different than child's) \_\_\_\_\_

Complete address: \_\_\_\_\_

Telephone: (Mom) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

(Dad) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_