

Freedom High School



BETHLEHEM
AREA SCHOOL DISTRICT

Department of Athletics

3149 Chester Avenue Bethlehem, PA 18020-2896

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INTRAMURAL ACTIVITIES - PARENTAL CONSENT FORM

Activity: _____

Student Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Number: _____

*By signing this form, I authorize participation in the above-mentioned intramural activity.
I also agree that in case of injury/accident, I will present all claims sustained by my child to my
insurance company.*

(parent/ guardian name-please print) (parent/ guardian signature) date