

**Discovery Middle School**  
Fall 2016, Intermural Session

Child's Name: \_\_\_\_\_ Child's Grade Level: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency/Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please circle one of the following choices and initial in the blank space:

Will take the district's bus home \_\_\_\_\_

I will pick up my child at 4:10 p.m. \_\_\_\_\_

I authorize my child to walk home. \_\_\_\_\_

I authorize my child to go to day care \_\_\_\_\_

Day Care Address: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Fall 2016 Intermural Session Choice:**  
Please pick your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice

\_\_\_\_\_ Cheer Club

\_\_\_\_\_ Calligraphy

\_\_\_\_\_ Writer's Workshop

\_\_\_\_\_ Chess Club

\_\_\_\_\_ Cooking Club

\_\_\_\_\_ Homework Club

\_\_\_\_\_ Knitting/Crocheting Club

**\*\*\*REGISTRATION DUE BY WEDNESDAY - OCTOBER 26<sup>TH</sup>\*\*\*\*\***  
RETURN FORMS TO THE OFFICE