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**MOUNTAIN VIEW SCHOOL Sports Pick-up Form:**

Name of your child: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE COMPLETE THE FOLLOWING SECTION FOR EACH STUDENT -ATHLETE.***

1. This is the way in which this child will normally be:

- picked up from practice/games (home or away) at Mountain View Middle School/Borough Park/West Field:

Please note that we **cannot dismiss your child** according to a plan that differs from usual unless you send a **signed** request. (A faxed, signed note to the coach/principal is fine.)

2. The **schools provide supervised** reception and dismissal of students. If parents/guardians choose to have their children walk to practice, walk home from athletic events, or to meet their children off school grounds, they must sign the following waiver to permit us to honor that choice.

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***PLEASE COMPLETE THE FOLLOWING SECTION IF YOUR CHILD WILL TRAVEL TO AND/OR HOME FROM ATHLETIC PRACTICE/EVENTS WITHOUT ADULT SUPERVISION:***

I understand that the school provides supervised dismissal of students at both the school and practice sites. My child, \_\_\_\_\_, has my permission to travel to practice and home from practice/athletic events without adult supervision, as described in the section above.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

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**3. Please check** the items from your coach **and then sign and return** the following. This is required by your Board of Education and by the State of New Jersey.

I have received

- A practice schedule including dates, times and practice site.
- A game schedule including dates, times and site.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Parent Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name)  
Phone #: \_\_\_\_\_