

## Middle Level Intramural Registration

PRINTED STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_  
First name last name

The intramural program provides an opportunity to play on a team with IMS peers and has an emphasis on participation and enjoyment of physical activity.

We are pleased to announce that we will offering intramural Dodgeball. There will are two sessions; session 1 January 9<sup>th</sup>-20<sup>th</sup>, session 2 January 23<sup>rd</sup> – February 3<sup>rd</sup>. You can register for 1 of the 2 sessions. This will run Monday, Tuesday, Thursday and Friday's from 2:20-4:00.

### REGISTRATION DATES

- Registration opens on Wednesday January 4<sup>th</sup>, 2023 at the ASB desk beginning at 7:30am.
- Registration **will happen in person at the ASB desk**, there is no online registration.

### REGISTRATION PROCESS –

- PRINT and FILL out both pages of this INTRAMURAL Registration form
- Bring the completed registration form and \$25 payment (cash or check made payable it "IMS") to the ASB office during the registration window of January 4<sup>th</sup> – January 6<sup>th</sup> ending at 2:30. If you aren't already an ASB member you will need purchase that membership as well (\$30).

### REGISTRATION WAIVER –

For any student participating in school sports or any other school activity parents are encouraged to have some insurance in place prior to the athletic season. I understand that the Lake Washington School District does not provide accident insurance. Check with the school office for student insurance.

Check One

☐

I have purchased one of the accident insurance plans offered by Myers/Stevens/Toohey available in the school office

OR

☐

I have other accident insurance coverage

OR

☐

I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my student

Parent permission on page 2 – required signatures for participation

**PARENT PERMISSION –**

Warning: by its nature, participation in INTRAMURALS includes a risk of injury, this may range in severity from minor to long-term catastrophic.

Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this permission from, we acknowledge that we have read and understand this warning. Parents and/or students who do not wish to accept the risks described in this warning may not turn out for intramurals.

I hereby give my consent for \_\_\_\_\_ to participate in dodge ball during the current school year.  
Student First name Student Last name

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT FROM –**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Insurance Company – Group / ID # \_\_\_\_\_

People who will temporarily care for your student if you cannot be reached:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Heath Information:** List any significant or on-going health conditions relevant to school or athletics (severe allergies / epi pen etc), understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. Transportation to a hospital emergency room for treatment for any illness or injury resulting from student participation. I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_