Middle Level Intramural Registration

Student Name: _____ Grade: ____ Gender: ____
(Printed)

The intramural program provides an introduction to athletics with an emphasis on participation and enjoyment of physical activity while participating on a team. The program runs from May 3rd - May 28th. Students will be assigned 2 days per week for a total of 8 days.

Will you require supervised **Student Work Time** after in-person school before practice? Check one: ☐ YES ☐ NO
Will you require transportation home after practice? Check one: ☐ YES ☐ NO

REGISTRATION: To register, complete this form with signatures from the athlete and parent, and submit it to wisoetomo@lwsd.org. Registration ends on ***Wednesday, April 28th***.

FEES: Participants in intramural sports pay a $25 nonrefundable fee. The fee is paid online after the registration form is submitted and processed. You will receive an email confirmation for registration from our bookkeeper, Widi Soetomo.

The Lake Washington School District highly recommends a valid physical prior to participation in an intramural sport. However, the district does not require a physical for participation in Intramurals.

- **WAIVER**

For any student participating in school sports, parents are encouraged to have insurance prior to the athletic season. The Lake Washington School District ***does not provide accident insurance.*** Please check one:

☐ I have 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 son/daughter.

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 Form, 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 during the current school year intramural sports.

Signature: _____ Date: _____
(parent/guardian)

Signature: _____ Date: _____
(student)

Middle Level Intramural Registration

INTRAMURAL REGISTRATION/EMERGENCY CONTACT FORM

Student Name_____

Parents' Names_____

Address,City, Zip_____

Home Phone: D.O.B. /Age:

Father's Phone: Mother's Phone:

Father's Phone: Mother's Phone:
Secondary Numbers

Email address:

Name of Insurance Company Group/ID#:

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

1. Name: Phone:

2. Name: Phone:

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies/epi pen, 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 his/her athletic participation. I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities.

_____ _____

(Signature of parent or guardian) **(Date)**

Intramurals will give every student the opportunity to participate in a variety of activities. Your student will participate in after school Intramurals 2 days per week. Once all students are registered, we will contact you with the 2 days your student will participate (either Monday/Tuesday or Thursday/Friday). Students can participate in a variety of sports during intramurals, depending on space and availability.

Please check the type of sport your student enjoys most *(only check **one**):*

☐ Tennis ☐ Badminton ☐ Soccer ☐ Running ☐ Kickball ☐ Frisbee Golf