

## 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 offers approximately two weeks to practice and learn an activity.

**REGISTRATION:** See the TMS Intramural website for information regarding the registration.

**The Lake Washington School District highly recommends a valid physical prior to participation in an intramural sport!** However, the district minimally requires submission of the intramural permission form.

All forms must be signed by the athlete and parent and returned to Timberline with the registration fee **PRIOR to participating**. Forms are available at Timberline Middle School throughout the year.

**FEES** Participants in intramural sports are assessed a \$25 fee per sport- NON-REFUNDABLE. Checks should be made out to TMS. NOTE: A current school year ASB membership is required for all athletics.

➤ You can purchase both sports Floor Hockey and Dodgeball for \$50.

### 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 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 in the following intramural sport \_\_\_\_\_*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(student)

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## INTRAMURAL REGISTRATION/EMERGENCY CONTACTFORM

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)

***Sport/Activity: Intramural Floor Hockey and or Dodgeball***

(circle your sport/activity)