

Middle Level Intramural Registration Spring 2022

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 March 14 – March 25 we will offering Cricket. This will run Monday, Tuesday, Thursday and Friday’s from 2:20-4:00.

REGISTRATION DATES

- Registration opens on Monday February 28, 2022 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
- Must have current ASB membership
- Bring the completed registration form and \$25 registration payment (cash or check made payable it “IMS”) to the ASB officeduring the registration window of Feb 28 – March 10 ending at 2:30 and \$25 ASB membership payment if you aren’t already a member.

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 _____