

Middle School Intramural Registration Information

REGISTRATION & FEES - You will need the following turned in prior to participation:

- _____ Intramural Athletic Insurance Waiver/Parent Permission/Registration/Emergency Contact Form – **once per year**
- _____ \$25.00 Registration Fee, **per session** – cash/check payable to KiMS or pay online “Students/Families-Parent Access”
- _____ Purchase of an ASB Card (\$30.00 once per school year)

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 (see attached)

Students are required to sign up for each intramural sport at the school.

Sign-ups will be located in the main office 2-3 weeks prior to the session starting.

Payments and registration due one week prior to the start of the session starting.

Session One:	January 9 – January 20	(2 weeks)	\$25.00	Co-Ed Badminton / Pickleball
Session Two:	January 23 – February 3	(2 weeks)	\$25.00	Co-Ed Volleyball
Session Three:	March 27 – April 7	(2 weeks)	\$25.00	Co-Ed Outdoor Rec Sports

All sports are co-ed and open to all grades. Practices will be on Monday, Tuesday, Thursday and Friday’s after school from 3:10 – 4:30.

Education involves the process of living in the present, understanding the past, and preparing for the future. Education is a lifelong pursuit of learning and sharing with others. During the middle level years, students will experience not only significant, but often the most dramatic, physical, social, intellectual, and emotional changes in life. The middle level program design provides the student with the basic skills of inquiry and successful experiences in exploration and enrichment.

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.

Please return the attached form and payment to the main office at least one week prior to the session starting

Student Name _____ Grade _____ M or F Intramural Sports _____

Session One:	January 9 – January 20 (2 weeks)	\$25.00	Co-Ed Badminton / Pickleball
Session Two:	January 23 – February 3 (2 weeks)	\$25.00	Co-Ed Volleyball
Session Three:	March 27 – April 7 (2 weeks)	\$25.00	Co-Ed Outdoor Rec Sports

Current year ASB Membership also required \$30.00

INTRAMURAL ATHLETIC INSURANCE 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 SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____ to participate during the current School year in the following
(Please print students' name)

Intramural sports: _____

INTRAMURAL REGISTRATION/EMERGENCY CONTACT FORM

Parent / Guardian Names _____

Address City Zip _____

Guardian #1 Phone _____ Guardian #2 Phone _____

Email address: _____

Name of Insurance Company Group/ID# _____

Hospital Preference _____ Student Date of Birth _____ Age _____

People who will temporarily care for your student if you cannot be reached: ****List two ---- After school hour contacts**

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).

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. I authorize 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)

(Student Signature)

(Date)