



INTRAMURALS

Intramurals is a program open to any middle school student in grades 6 – 8. A student can attend any day that they want to and can start intramurals at any time. **Mr. Sharrow** will be supervising Intramurals for the Fall. If you have any questions at any time feel free to email me at tsharrow@lehighton.org.

INTRAMURALS WILL BE CANCELED IF THE WEATHER IS BAD BECAUSE LEHIGHTON ATHLETIC TEAMS WILL PRACTICE IN THE GYM. STUDENTS MUST RETURN THE EMERGENCY CONTACT TO BE ABLE TO PARTICIPATE!!!

SCHEDULE

Follow attached Calendar **INTRAMURALS IS ONLY AVAILABLE FOR DAYS ON CALENDAR**
Time 2:30 – 3:30

RULES

1. **No student is allowed to leave their seventh period to come to the gym until walkers are called.**
2. **No student is allowed to leave the school after dismissal and then return for intramurals. Once you leave the building you may not return.**
3. **School rules listed in the handbook will apply and be enforced!**
4. **Safety is always a concern.**

CONSEQUENCES

1. **1ST OFFENSE** – Can not attend intramurals the next day.
2. **2ND OFFENSE** - Can not attend intramurals for a week.
3. **3RD OFFENSE** – Not allowed to participate in intramurals the remainder of the time.

ACTIVITIES

Basketball – Flag Football – Kickball – Sprint Ball – Wiffle Ball – Frisbee – Soccer – Indian Ball

PICK UP

PARENTS SHOULD PICK STUDENTS UP AT THE UPPER PARKING LOT BY THE MAIN ENTRANCE!

Lehigh Area School District
1000 Union St. Lehigh, PA 18235
Student/Athletic Injuries Information Form

This letter is to inform you that any injury that occurs out of season such as during weightlifting programs, open gyms, summer training programs, summer leagues, intramurals, etc. **are not covered** by athletic or school district insurance. Any participation in such programs is voluntary and strictly at your own risk.

For the protection of your son/daughter, please take the time to complete and return this form. This form must be returned to the coach/advisor and must be on file with the school district prior to any participation in 'out of season' programs by your son/daughter.

Thank you for your cooperation.

Student Name: _____ Grade: _____

Emergency Contacts:

First Contact:

Name: _____ # _____

Second Contact:

Name: _____ # _____

Third Contact:

Name: _____ # _____

Date: _____

Signature of Parent/Guardian: _____