

Student \_\_\_\_\_

**HAYNES BRIDGE MIDDLE SCHOOL  
INTRAMURAL/EXTRAMURAL PROGRAM**

The after-school intramural program will begin on Tuesday, September 7, 2010 and run through April 29, 2011.

**INTRAMURAL RULES AND POLICIES**

1. Students must have school or other insurance.
2. The insurance waiver should be signed only if you do not have school insurance.
3. Intramurals run Mon. through Thurs. from 3:45-4:45 p.m. and students **MUST** be picked up by 5:00 p.m. unless an emergency occurs. Failure to do so twice will result in suspension from intramurals for the remainder of the year.
4. Students may sign up for any or all days. Sign up sheets are in the cafeteria. Students need to sign in each day before 10 a.m.

**Intramural Activities:**

**Sept-Oct: Basketball, Rec Games, Volleyball**

**Nov-Dec: Lacrosse, Flag Football**

**Jan-Feb: Flag Football, Rec. Games**

**Mar-Apr: Ultimate Frisbee, Walking/Cross Country/Rec Games**

**Extramural Sports (7<sup>th</sup> and 8<sup>th</sup> Graders): Soccer, Tennis, Volleyball,  
Tumbling (all grades), 7<sup>th</sup> Grade Basketball, 8<sup>th</sup> Grade Basketball, Track**

I have school insurance \_\_\_\_\_ (yes or no).

I give my child, \_\_\_\_\_, permission to participate in the after-school intramural program.

Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY INFORMATION**

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event I cannot be reached I give permission for a school representative or ambulance to transport my child to \_\_\_\_\_ Hospital or family doctor and to authorize emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the school and the school system, its agents, employees, administrators, and assignees from any and all liability claims and causes of action arising in connection with the transportation or treatment of the student named hereon. In the event of extreme emergency, the closest doctor or medical facility will be utilized.

Parent of Guardian Signature \_\_\_\_\_

Please note any medical problems, medication requirements and special instructions.  
(Below)

**NOTICE OF ELECTION CONCERNING INSURANCE  
FOR INTRAMURAL PARTICIPANTS**

The undersigned student and the undersigned parent(s) or guardian(s) of such students, having been offered opportunity to participate in the group program of Accident Insurance for INTRAMURAL PARTICIPATION for the 2009-2010 school year offered through Fulton County Board of Education, hereby elect not to participate in such insurance program. In making such election, the undersigned assume the liability for any accident or injury which may occur to said student in connection with his/her participation in intramural activities and recognize that neither the Board of Education nor any member or employee thereof can be responsible for medical expenses for any such accident or injury.

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Student Signature