

Student _____

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

The after-school intramural program will begin on Tuesday, September 8, 2009 and run through April 23, 2010.

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, Walking/Cross Country
Nov-Dec: Lacrosse, Walking/Cross Country
Jan-Feb: Flag Football, Rec. Games
Mar-Apr: Ultimate Frisbee, Walking/Cross Country

**Extramural Sports (7th and 8th Graders): Soccer, Tennis, Volleyball,
Tumbling (all grades), 7th Grade Basketball, 8th 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 2008- 2009 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