

STUDENT NAME _____

DATE: _____

INTRAMURAL REGISTRATION & FEES

All forms must be done a week before the session starts. We'd recommend having a physical done but it is not required for Intramurals. **All Intramural sports will be Co-Ed.**

All forms must be signed by the athlete and parent and returned to the school with the registration fee **PAID PRIOR to participating**. Forms are available at the school and on the FHMS web site under Athletics. If you need another copy you can contact Ms. Stephens at sstephens@lwsd.org.

FEES are \$25.00 for each session. Fees for this year will be done online. In order to pay online please see below:

How to Pay Online to Finn Hill Middle School

1. Click on Families & Students on the top left side of the opening page of the LWSD web site.
2. Select For Families & Students from the drop down and this will take you to the next page
3. Click on the Online Payment button and follow those instructions.

If you are unable to pay online, you can pay with a check or the exact cash amount. You will need to come to the school to pay with check or cash.

ATTETSTATION INFORMATION: *Students must always wear masks.* Students will need to bring an attestation form, or their student ID and temperatures will be taken before the student can enter the gym.

NOTE: If your student was not allowed to attend school after checking in at the attestation that morning, they will **not** be allowed to attend/participate in intramurals that day.

Parents will not be allowed to watch/attend any of the intramural sessions. This is a normal rule that is followed during our regular sports seasons.

Session Information

Session 1 will run May 3 – May 14 from 3:45 PM until 5:15 PM. Session 1 will be Net Sports – (Nitro Ball, Volleyball, Pickle ball, Badminton, etc.)

Session 2 will run May 17 – May 28 from 3:45 PM until 5:15 PM. Session 2 will possibly be Basketball, Soccer, Kickball, Frisbee sport (TBD)

Parents please be sure and pick up students up on time or no later than 15 minutes after the sport has ended.

NOTE: Intramurals will be held on Monday, Tuesday, Thursday & Friday.
Please note that times can be subjected to change.

Student Name _____ Grade _____ ☐ M or ☐ F

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.

Signature: _____ Date: _____
(parent/guardian)

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 intramural sports.

Signature: _____ Date: _____
(parent/guardian)

Signature: _____ Date: _____
(student)

INTRAMURAL REGISTRATION/EMERGENCY CONTACT FORM

Student Name _____ ☐ M or ☐ F School Grade _____

Parents' Names _____

Address City Zip _____

Home Phone with Area Code _____

D.O.B. & Age _____

Father's Phone (Day) with Area Code: _____

Mother's Phone (Day) with Area Code: _____

Father's Phone (Cell) with Area Code: _____

Mother's Phone (Cell) with Area Code: _____

Father's Email address: _____

Mother's Email address: _____

Name of Insurance Company Group/ID# _____

People who will temporarily care for your student if you cannot be reached: ****List two local
After School Hours/ During the School Day**

1. _____
(Name) (Phone with area code)

2. _____
(Name) (Phone with area code)

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies/epi pen), 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 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)

Sessions Attending: _____