STUDENT NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6th Grade GMS Winter Intramurals Registration Form**

**January 16-February 22, 2017**

***\*\*Intramurals will NOT be held on Tuesday, February 13 and Thursday, February 15 due to parent teacher conferences.***

***\*\*We will be splitting the gym so that girls will practice on one side and the boys will practice on the other side.***

***Circle the activity your child would like to participate in:***

WINTER SESSION Basketball (Tues.) AND/OR Basketball (Thurs.)

At 2:35, students must go immediately to the cafeteria and wait to be picked up by the program supervisor. Students must be picked up by a parent or guardian promptly at 4:00 p.m.

**Supervision of Students ends at 4:15 PM**

Students must follow school and good sportsmanship expectations as described in the Intramural Program description attached. Students may not leave early without a parent/guardian.

**My student’s transportation at 4:00 p.m. will be:**

**Check all that apply:**

 **I will pick up my student at 4:00 p.m.**

 **My student will be picked up at 4:00 p.m. by:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **My student has permission to walk/ride a bike.**

 **My student has permission to ride the activity bus.**

 **Other (Please Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete the parent contact information below with how you can be reached from 2:35-4:00 p.m. in case of emergency:

Print Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Emergency Contact: Adult name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***My son/daughter has permission to participate in intramural activities and I understand that participation is contingent on the following:***

1. No referrals or detentions in any classes.
2. Passing grades and satisfactory conduct.
3. Cooperation with staff when participating.
4. Participation in Physical Education class that day.

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit this form to the office by Friday, January 12, 2017**