

LWSD Intramural Registration

Student Name _____ Grade _____ M or F

Will you require supervised Study Hall after in person school before practice? Circle one: YES NO

Will you require transportation home after practice? Circle one: YES NO

Please select with Intramural session you would like to register for:

_____ Both sessions 1 and 2 (\$50 fee) from May 3rd – May 28th

_____ Session 1 only (\$25 fee) from May 3rd – May 14th

_____ Session 2 only (\$25 fee) from May 17th – May 28th

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/GUARDIAN 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 MAY NOT TURN OUT FOR INTRAMURALS. I hereby give my consent for _____ to participate during the current school year in the following intramural sports.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

INTRAMURAL REGISTRATION/EMERGENCY CONTACT FORM

Student Name _____ M or F Grade _____ D.O.B. _____ Age _____

Parent/Guardian Name(s) _____

Address City Zip _____

Home Phone _____

Parent/Guardian Phone (Day) _____

Parent/Guardian Phone (Cell) _____

Email address _____

Name of Insurance Company _____

Group/ID# _____

People who will temporarily care for your student if you cannot be reached:

1. Name _____ (Phone) _____

2. Name _____ (Phone) _____

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