

SPMS 6th Grade Intramural Sports Program 2019-2020 Season

AWARENESS OF RISK

By its very nature, competitive athletics may put students in situations in which **SERIOUS, CATASTROPHIC**, and perhaps **FATAL ACCIDENTS** may occur.

- By granting permission for your son/daughter to participate in athletics, you, the parent or guardian, acknowledge that such risk exists.
- By choosing to participate in athletics, you, the student, acknowledge that such risks exist.
- Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students **MUST** adhere to that instruction and utilization and **MUST** refrain from improper uses and techniques.

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT.

Parent Signature: _____

Student Signature: _____

PLEASE PRINT CLEARLY

Player Information:

Player Name:

Parent Name(s):

Home Phone:

Cell Phone:

Contact Email:

Emergency Contact Name:

Emergency Contact Phone:

I, the undersigned, being the parent or legal guardian of above named student, do hereby give my consent for the above named child to participate in the 6th grade after school intramural program. The program will take place on certain dates throughout the school year on Tuesdays and Thursdays after school, from 3 – 4:30 pm. I know of no medical condition that the above named child has that would preclude him/her from participating in this program. I assume responsibility for ensuring my student gets home after practice ends at 4:30pm. I understand that practices may be cancelled on short notice due to inclement weather or high temperatures.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

If you have signed this form for a previous sport this year, you do not have to resubmit it again.