



**MIDDLE SCHOOL INTRAMURAL PROGRAM  
PARENT OR GUARDIAN PERMISSION FOR STUDENT TO PARTICIPATE**

**WARNING:** By its nature, participation by a student in interscholastic intramurals includes a risk of injury which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in school intramural programs, it is impossible to eliminate the risk of injury. Participants are encouraged to consult with a physician of their choosing to determine fitness to participate. Participants have the responsibility to help reduce the chance of injury. Participants 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, and accept and assume all risks associated with participation in the intramural program. This permission form must be signed in order to participate in the intramural program.

I hereby give my consent for \_\_\_\_\_ Grade: \_\_\_\_\_ to compete in intramurals for \_\_\_\_\_ middle school, except those crossed out below:

Co-ed Soccer (Aug-Sept)   Co-ed Volleyball (Oct-Nov)   Co-ed Basketball (Jan-Feb)   Co-ed Flag Football (April-May)

The student will be responsible for lost or damaged uniforms. Parents will be responsible for the cost of replacement.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**NOTE:** This permission form must be on file in the principal's office prior to a student participating in intramural middle school program.

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**INSURANCE WAIVER**

In compliance with the school district requirement that every student participating in the organized intramural program be covered by appropriate medical/accident insurance or provide a guarantee of financial responsibility by the parent or guardian for any injury or accident which may occur during participation in the intramural program, I hereby represent that the above-named student has the following insurance coverage:

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(Name of Insurance Coverage)	(Type of Coverage)	(Amount of Coverage)
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or I hereby assume full and complete financial responsibility relative to any injury or accident occurring during participation in the intramural program.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

PARENTS MAY PURCHASE STUDENT ACCIDENT INSURANCE THROUGH A THIRD-PARTY. FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.