

Name: _____ Female _____ Male _____
Grade: _____ Homeroom: _____
Interested Sport: _____

Murray Hill Middle School Intramurals

SPRING SESSION DATES FROM 3:10pm – 5:00pm:

- February 22nd, 29th
- March 14th, 21st
- April 11th, 18th, 25th
- May 9th, 16th

PERMISSION SLIPS:

- **This form is Due by January 27th to Mr. Mackey in Room 212.**
- There is a maximum of 60 students per sport and students will be accepted on a first come first serve basis.
- Participation in Fall/Winter Intramurals **DOES NOT** guarantee a spot in Spring Intramurals.

REGISTRATION PROCESS:

- Parents will receive a letter confirming that their son/daughter has been registered into the intramural program.
- Included in this letter will be directions for paying the registration fee through the Online School Payment website
- Due to limited availability, please **do not** submit payment until you receive confirmation of registration.

PROGRAM COST:

- \$15 per student (includes t-shirt, snack and bus transportation)
- Shin guards are required for students participating in soccer. Students may bring their own shin guards or purchase them through MHMS.
- _____ **I would like to purchase shin guards for an additional \$12**

SHIN GUARD SIZE (If purchasing through MHMS):

_____ XS _____ S _____ M _____ L

T-SHIRT SIZE:

_____ Youth XL _____ Adult S _____ Adult M _____ Adult L _____ Adult XL

CHECK ONE:

My son/daughter will:

Walk home _____ OR Ride the bus _____ OR Be picked up by a parent/guardian _____

If someone other than a parent/guardian will pick up student, please add the contact information below:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

DOES YOUR CHILD HAVE ANY ALLERGIES:

_____ Yes _____ No If yes, please explain:

MEDICATION(S) IN HEALTH ROOM?

_____ Yes _____ No

If yes, please explain: _____

STUDENT RESPONSIBILITY:

I recognize the importance of listening to and following all of the teacher's/coach's instructions and warnings regarding playing techniques, rules of the sports and good sportsmanship. I understand that if my behavior is disruptive or dangerous to myself or others, I may be asked to leave the program. In addition, I will maintain my academic and behavioral eligibility.

(Starting February 16th, 2016 through the remainder of the intramural session.)

ACADEMIC ELIGIBILITY:

- Maintain a 2.0 or higher
- No D's or E's throughout the entire program

BEHAVIORAL ELIGIBILITY:Minor Incident Reports:

- No more than 2 MIR's per quarter

Disciplinary Referral:

- No more than 1 Disciplinary Referral per quarter
- No Suspensions

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian(s) Names: _____

Parent/Guardian(s) Address: _____

Parent/Guardian(s) Home Phone: _____

Parent/Guardian(s) Work Phone: _____

Parent/Guardian(s) Cell Phone: _____

Parent/Guardian(s) Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____