

Boulder Valley Public Schools
Middle Level Intramural Athletic Schedule and Information
Summit Middle School
2011-12

Name _____ Sport _____
(New form required for each sport)

Parents/Students: please be sure to read, fill out completely and sign at every X on EVERY PAGE (front and back) before turning this packet in to the office.

Payment:

- Cost is \$45, cash or check only (please make checks out to Summit Middle School.)
- Payment is due at the beginning of each sport's season and must be received before a student may begin practice.
- Please staple your cash or check to this form
- Once a student has participated in one or more practices, we are unable to refund the fee.
- If your student is eligible for Free or Reduced Lunch, our Business Manager can waive the fee – please contact her at Shelly.Hendrick@bvsd.org.
- Maximum sports fees per student per year paid to Summit Middle School - per individual - \$225, per family - \$405. BVSD athletic fees paid to other schools are not included in this maximum.

Intramural Athletics (\$45.00 per sport)

6 th /7 th Boys Basketball	August 22 nd - September 13 th
6 th /7 th Flag Football	September 26 th - October 17 th
6 th /7 th Girls Basketball	January 6 th - January 27 th
6 th /7 th /8 th Boys Soccer	March 1 st - March 21 st
6 th /7 th Girls Volleyball	March 12 th – April 11 th

Please watch the Summit newsletter and the calendar on Summit's website for sports schedules and information.

In addition, Summit students are required to be in good academic standing in all classes (no grade lower than a 'C-' in a core class) and must attend school all day on the day of an athletic event or any extracurricular activity, in order to participate in that event. A Summit student who is not in good academic standing or who is absent from school on the day of the activity (regardless of the reason) may not participate.

Keep front page for your information, turn in rest of Intramural Registration Packet.

**Intramural
Athletic Registration/Emergency Information**

Student Name _____ (M-F) School _____ Grade _____

Parents Name _____

Address _____ City _____ Zip _____

Home Phone_(____) _____ D.O.B. _____ Age _____

Father's Phone (Day)_(____) _____ Mother's Phone (Day)_(____) _____

Father's (Cell/pager) _____ Mother's (cell/pager) _____

Name of Insurance Company _____ Group/ID# _____

****List two LOCAL people who will temporarily care for your student if you cannot be reached:**

During the School Day

After School Hours

1. _____
(name)

(name)

(phone)

(phone)

2. _____
(name)

(name)

(phone)

(phone)

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies/epi pen, asthma, A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications etc.)

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

X _____
(signed parent or guardian)

X _____
(date)

Student Name _____ Grade _____ M _____ F _____

INTRAMURAL: Release of Liability

Every intramural athlete must present a completed Release of Liability Waiver to participate in Intramural Athletics. This form consists of a statement from parents indicating they will not hold _____ Middle School liable for any injuries incurred while playing intramurals.

_____ is not covered by school insurance. It is our
(Please print participant's name)
understanding that _____ Middle School, its Athletic Department, and its Board of Education will not assume the responsibility or obligation for any medical bills or debts resulting from any injury to the above named player while participating in intramural athletics.

X _____
Parent/Legal Guardian Signature

X _____
Date

INTRAMURAL: Parent Permission Form

Boulder Valley Schools highly recommends a valid physical prior to participation in an intramural sport!

****WARNING: By its nature, participation in INTRAMURAL ACTIVITIES includes a risk of injury, which 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 SHOULD NOT SIGN THIS PERMISSION FORM.**

Please complete one of the following paragraphs:

1. Students enrolled in a Boulder Valley School District Middle School:

I hereby give my consent for _____
to participate during the current school year in any of the following intra-district or interscholastic sports: football, soccer, basketball, volleyball, wrestling, track, and Bolder Boulder training.

2. Students participating in a home-based educational program:

I hereby give my consent for _____
who participates in a non-public home-based education program located in the attendance boundaries of _____ Middle School, to participate during the current school year in any of the following intramural activities: basketball, flag football, volleyball, soccer and/or Bolder Boulder conditioning.

Date: X _____ Signed: X _____
(student)

Date: X _____ Signed: X _____
(parent or guardian)

