



## Baseball & Softball Intramurals

**Time: 4:30-5:30 p.m.**

**August 22<sup>nd</sup>-October 3<sup>rd</sup>**

**Every Monday & Wednesday, we meet in the New Gym!**

Student Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Grade: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Contact # \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Being the parent/legal guardian, I hereby grant permission for my child to participate in Lilburn Middle School's baseball & softball Intramurals. This program will be held for 10 weeks during the 1<sup>st</sup> and 2<sup>nd</sup> semester.

\*\* Students will be informed that day prior to activity if intramurals are canceled due to weather or circumstances.

Parents Please Check Below if you agree:

\_\_\_\_\_ I understand that it is my responsibility to provide insurance coverage for my child.

\*\*This can be done by using the family insurance plan you already have, or by purchasing insurance coverage through Gwinnett County Public Schools

\_\_\_\_\_ I understand that it is my responsibility to pick my child up on time, 5:30 pm and no later. If my child is not picked up by 5:45 they will receive a **warning** unless I notify the coach on the situation. If the coach is not notified my child will not be able to continue in program.

**STUDENTS MUST RETURN TO GRADE LEVEL ACADEMY TO PARTICIPATE!!**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions please contact me:

**Christopher\_I\_Crawford@gwinnett.k12.ga.us**