

2018-2019 Fall Basketball Intramural Form

**August 23rd – October 4th Tuesdays & Thursdays,
4:30-5:30 Boys and Girls in all grades**



Student Name: _____

Homeroom Teacher: _____

Grade: _____

1st Parent/Guardian Name: _____

1st Parent/Guardian Contact Number: _____

2nd Parent/Guardian Name: _____

2nd Parent/Guardian Contact Number: _____

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 1st and 2nd 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 5:30 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 _____

Students should report to the New Gym after 2nd wave bus call on their assigned day.

**If you have any questions, or concerns, please email Coach Crawford at

Christopher_I_Crawford@Gwinnett.k12.ga.us