

CREEKLAND MIDDLE SCHOOL INTRAMURAL PROGRAM 2017-2018

The Intramural Program is an after school program, which offers students a wide variety of games and sports activities such as Basketball, Soccer, Flag Football, and more! Intramural program begins Wednesday August 16 and ends Thursday May 10. Intramurals is **Wednesday** and **Thursday** excluding basketball season. During basketball season, intramurals will only be offered on **Wednesdays only** starting October 4 and ending February 28.

Intramurals starts at **2nd** bell and lasts until 5:45pm.

This program is **FREE** for all 6th, 7th, and 8th grade students who attend CMS.

Parents please read the following information carefully:

- Parents must come in through the back doors by the bus lanes to sign child out if picking up before 5:20pm.
- Students will be escorted to the bus lanes after 5:20.
- Parents are responsible to pick up students by 5:45pm, but **no later than 6:00pm!**
- A second late pick-up offense will result in the student not being allowed to attend Intramurals for the rest of the school year.**
- Student must sign-in **as soon as** they arrive for Intramurals.
- The Intramural teacher must be notified in writing if a student will be riding home with someone other than his or her parent.
- Any student displaying **disruptive or uncooperative behavior** will not be allowed to return.
- Students **must turn in this form** to the teacher on duty the first day they attend Intramurals.

My child _____ in _____, has permission to attend intramurals the
Print Last Name, First Name Homeroom Teacher

following days of the week: (circle all that apply)

Wednesday Thursday

*******Arrangements for rides will need to be made ahead of time*******

If your child has special medications please list: _____

In case of emergency and a parent/guardian cannot be reached, please call the persons listed below. All emergency numbers should be local. Photo ID must be provided at the time of pick up.

Emergency Contacts:

Full Name Home Phone # Cell Phone # Work Phone #

Full Name Home Phone # Cell Phone # Work Phone #

Name of persons other than the parent/guardian to whom the student may be released (Photo ID required):

1. _____ 2. _____ 3. _____

I have read and understand the policies and procedures concerning my students' participation in the Intramural Program and will assume liability for accidents and injuries incurred during the program.

Parent/Guardian Signature Printed Parent/Guardian Signature

Cell Phone # Home Phone # Work Phone #