

**HAYNES BRIDGE MIDDLE SCHOOL
SPRING INTRAMURAL PROGRAM**

The Spring quarter after-school intramural program will begin on Monday, August 26, 2002 and run through November 15, 2002.

INTRAMURAL RULES AND POLICIES

1. Students must have school or other insurance.
2. The insurance waiver should be signed only if you do not have school insurance.
3. Intramurals runs Mon. through Thurs. from 3:45-4:45 p.m. and students **MUST** be picked up by 5:00 p.m. unless an emergency occurs. Failure to do so twice will result in suspension from intramurals for the remainder of the quarter.
4. Students with official permission may ride the activity sweep bus which leaves promptly at 5: 00 p.m.
5. Students may sign up for any or all days.

SPRING QUARTER INTRAMURAL SCHEDULE

Monday	Tuesday	Wednesday	Thursday
Flag Football 6-8 grade	Soccer 7-8 grade Extramural practice	Soccer 7-8 grade Extramural game	Flag Football 6-8 grade
Basketball 6-8 grade	Basketball 6-8 grade	Basketball 6-8 grade	Basketball 6-8 grade
Tennis 6-8 grade	Tennis 6-8 grade	Tennis 6-8 grade	Tennis 6-8 grade
		Flag Football 6-8 grade	

1. _____ I am registering for the activities on Monday.
2. _____ I am registering for the activities on Tuesday
3. _____ I am registering for the activities on Wednesday.
4. _____ I am registering for the activities on Thursday.

I have school insurance _____ (yes or no).

I give my child, _____, permission to participate in the spring quarter after-school intramural program.

Parent Signature _____ Phone # _____

(Please see reverse side)

EMERGENCY INFORMATION

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Family Doctor _____ Work Phone _____

In the event I cannot be reached I give permission for a school representative or ambulance to transport my child to _____ Hospital or family doctor and to authorize emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the school and the school system, its agents, employees, administrators, and assignees from any and all liability claims and causes of action arising in connection with the transportation or treatment of the student named hereon. In the event of extreme emergency, the closest doctor or medical facility will be utilized.

Parent of Guardian Signature _____

Please note any medical problems, medication requirements and special instructions.
(Below)

NOTICE OF ELECTION CONCERNING INSURANCE
FOR INTRAMURAL PARTICIPANTS

The undersigned student and the undersigned parent(s) or guardian(s) of such students, having been offered opportunity to participate in the group program of Accident Insurance for INTRAMURAL PARTICIPATION for the 2002-03 season offered through Fulton County Board of Education, hereby elect not to participate in such insurance program. In making such election, the undersigned assume the liability for accident or injury which may occur to said student in connection with his/her participation in intramural activities and recognize that neither the Board of Education nor any member or employee thereof can be responsible for medical expenses for any such accident or injury.

Parent(s) or Guardian(s) Signature

Student Signature