VCMS INTRAMURAL PROGRAM

Intramurals is a recreational program that is designed to expose students to a variety of sports and activities. This fun program is open to all 6th, 7th and 8th graders and is designed to meet everyone’s skill level. Intramurals will be held two days a week (to be determined by the coach) in the mornings from 7:45-8:30am. The sessions are as follows:

**Session I Hunt ext 230587 First Nine Weeks**

**Session II Hunt ext 230587 Second Nine Weeks**

**Session Ill Taylor ext 230576 Third Nine Weeks**

**Session IV Taylor ext 230576 Fourth Nine Weeks**

Please fill out the waiver at the bottom of the page, which will allow your child to participate in this year’s activities. If you have any questions, please contact one of the sponsors at 770-667-2580 (extensions are listed above).

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:**\_\_\_\_\_\_

 (Last) (First)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE ALL THAT APPLY**

Heart Condition Asthma Anemia Seizures

Diabetes Birth Defect Vision Problem

Hearing Problem Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child taking any medications or under the care of a doctor?

**No** \_\_\_\_\_ **Yes** \_\_\_\_\_ if yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any reason that your child should not participate in a strenuous activity?

**No** \_\_\_\_\_ **Yes** \_\_\_\_\_ if yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child has permission to participate in the 2024-2025 VCMS intramural program.**

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_