

2014 INTRAMURALS

Flag Football
Pep Squad

Sign-Up Sheet

What is Intramural Sports?

St Peter the Apostle Elementary school intramural program is an extension of the regular athletic program offered to grades Pre-K – 4th. The primary reason for participation is enjoyment of learning activities rather than pressure to compete and win, as in athletic competition. Such an environment will enable students to extend learning the benefits of movement, develop positive attitudes, increase self-esteem, enjoy positive social interactions, and broaden their fitness horizons. All students must meet the following requirements to be eligible to participate:

- Be enrolled in St Peter the Apostle School or part of the CCD program
- Pay the activity fee

How do I sign up for Pre-K – 4th Intramurals?

Fill out the form below and complete the Parent Permission/Consent Form

How much does it cost?

\$25.00 per person/per sport. The cost will include T-shirt and a trophy at the end of the season

What sports are offered?

Basketball (winter), Soccer (Spring), Pep Squad (Fall) and Flag Football (Fall)
(Game days and practice times TBD.)

Please check our web-site for season updates

(Please cut and turn in bottom half)

Parent/Guardian Name: _____
(Please Print)

Contact Information: (Phone): _____ E-Mail: _____

Would you be interested in coaching a Team? YES NO Sports Coordinator

If yes, please circle a sport(s): Basketball Soccer Flag Football Pep Squad

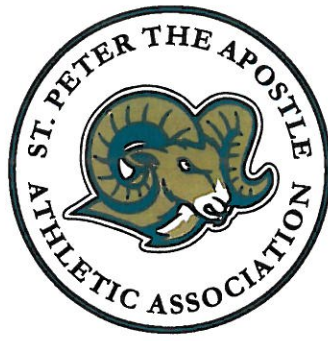
Students Name: _____

Students Age/Grade: _____

Childs T-Shirt Size: _____

If you have any questions or concerns please E-mail the Athletic Director at:

bcameron@spasav.net



Intramural / Parent Permission Form

The written permission of a student's parent/guardian is required for participation in intramurals/team sports and after school activities. In addition, the school system requires that the parents assume financial responsibility for all medical and hospital bills incurred as a result of an accidental injury their child sustains while involved in the program. Intramurals/team sports do involve some risk of physical injury to the child. Parents should be aware of these risks before granting a child permission to participate.

I, _____ (Parent/Guardian Name), grant my child permission to participate in intramurals and/or Team sports at Saint Peter the Apostle School.

I certify that my child has no known medical or physical condition that might make participation in intramurals and athletics detrimental or hazardous to his/her health with the possible exception of: **(please list and describe)**

If my child suffers an accidental injury while participating in intramurals or athletics, I agree to pay all of the medical and hospital bills.

I also grant permission for school officials to obtain necessary medical treatment for my child in an emergency when I cannot be contacted. I understand that reasonable efforts will be made to contact me prior to treatment.

Participants are expected to be picked up within 15 minutes of the scheduled intramural end time.

Parent/Guardian(s) Name _____ (Primary phone) _____

(E-mail) _____

Address _____ (Secondary)

_____ (Additional)

Emergency Contact Name _____ (Phone) _____ (E-mail) _____

Parent Signature _____ Date _____

Student Name: _____ Grade _____