

**East Ridge Middle School**  
**Intramural Sports Registration Form**

Basketball/Handball Intramurals will run for 6 days, on Mondays and Wednesdays, from Monday, November 27<sup>th</sup>, through Wednesday, December 13<sup>th</sup>, 2:50 - 3:50p.m.. Here are the specific dates: **11/27, 11/29, 12/4, 12/6, 12/11, 12/13**. Please note these dates on your calendar. You may take a picture of this completed form and email it to me: [mdonigian@ridgefieldps.net](mailto:mdonigian@ridgefieldps.net)

**REGISTRATION**

To register your child for intramurals, please return this form to Mr. Donigian.

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

**Grade:** \_\_\_\_\_

**WAIVER OF LIABILITY AND INFORMED CONSENT**

I, \_\_\_\_\_ have enrolled my child, \_\_\_\_\_ in ERMS Intramurals. In consideration of my son's/daughter's participation in this activity, I hereby release East Ridge Middle School and its participating instructors from any claims, demands and causes of action arising from my child's participation in this program.

I agree to promptly pick up my child or arrange for his/her transportation home following this program.

I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit his/her participation in this program.

In the event I cannot be reached in an emergency and immediate medical care is required for my child without delay, I hereby give permission to the supervising adult to secure medical treatment including emergency services. I hereby give permission to the attending physician at the hospital to admit and secure proper treatment, including injections of anesthesia and surgery for my child.

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone #(s): \_\_\_\_\_

**\*IMPORTANT:\***

**Emergency Contact AND Phone if Parent cannot be reached:**

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_