



BOCA RATON COMMUNITY MIDDLE SCHOOL

INTRAMURAL PARTICIPATION FORM

NAME: _____ MALE _____ FEMALE _____ GRADE: _____

PHONE: _____ SPORT _____
(best number to reach in case of emergency)

INSURANCE – My son/daughter is covered by accident insurance with:

Company: _____

Policy Number: _____

MEDICAL CONCERNS

Allergies: _____

Injuries and other additional restrictions:

STUDENT RESPONSIBILITY

I recognize the importance of listening to and following all of the teacher's/coach's instructions and warnings regarding playing techniques, rules of the sports, and good sportsmanship. I understand that if my behavior is disruptive or dangerous to myself or others, I may be asked to leave the program.

 STUDENT SIGNATURE

 DATE

PARENT PERMISSION

I hereby give my consent for my son/daughter to engage in approved athletic activities as a representative of his/her school. I give my consent for him/her to accompany the team on away games.

PARENT SIGNATURE _____ DATE: _____

FAMILY PHYSICIAN _____ PHONE: _____

****** STUDENTS MUST BE PICKED UP BY 5:30 PM ON PRACTICE DAYS**