



Track & Field Intramurals



Students Name: _____

Homeroom Teacher: _____

Grade: _____

Gender: _____

1st Parent/Guardian Name: _____

1st Parent/Guardian Contact Number: _____

2nd Parent/Guardian Name: _____

2nd Parent/Guardian Contact Number: _____

Being the parent/legal guardian, I hereby grant permission for my child to participate in Lilburn Middle School's Fall Basketball Intramurals. I understand that it is my responsibility to provide insurance coverage for my child. This can be done by using the family insurance plan you already have, or by purchasing insurance coverage through Gwinnett County Public Schools.

***If your child has asthma and requires treatments such as an inhaler they must have it with them at practice.**

I understand that it is my responsibility to pick my child up on time, 5:30pm and no later. If your child is not picked up by 5:30 they will no longer be allowed to participate.

Parent/Guardian Signature

Date

Schedule

August 20th – October 1st

Tuesday's & Thursday's, 4:30-5:30 Boys and Girls in all grades

*Students should report to the New Gym after 1st wave bus call on their assigned day.

**If you have any questions, or concerns, please email Coach Crawford at

Christopher_I_Crawford@Gwinnett.k12.ga.us

