



# Flag Football Intramural Form

Students Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

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

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Contact Number: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Contact Number: \_\_\_\_\_

Being the parent/legal guardian, I hereby grant permission for my child to participate in Lilburn Middle School's Flag Football Intramurals. This program is 10 wks per semester, students **only** have to complete 1 per school year.

**Fall Dates:** Every Monday August 27<sup>th</sup>-November 12<sup>th</sup> **Time:** 4:30-5:30 p.m (We may be practicing Wed too depending on interest)

Parents Please Initial below

\_\_\_\_\_ 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

\_\_\_\_\_ I understand that it is my responsibility to pick my child up on time, 5:30 pm and no later. If your child is not picked up by 5:45 they will receive a warning unless parent notifies coach on situation. If coach is not notified your child will no longer be allowed to participate.

Please let's honor each other's time. Looking forward to a great year MUSTANG NATION!!

Thank you, Coach Guthrie

\_\_\_\_\_ Parent/Guardian Signature

\*If you have any questions, or concerns, please email Coach Guthrie at [Jessica\\_Guthrie@Gwinnett.k12.ga.us](mailto:Jessica_Guthrie@Gwinnett.k12.ga.us)