

Volleyball Intramural Form



Students Name: _____

Homeroom Teacher: _____

Grade: _____

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 baseball/softball Intramurals. This program is 10 wks per semester, students **only** have to complete 1 per school year.

Fall Dates: Every Tuesday August 28th-November 13th **Time:** 4:30-5:30

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

Date

****If you have any questions, or concerns, please email Coach Guthrie at Jessica_Guthrie@Gwinnett.k12.ga.us**