

# MORNING INTRAMURALS

## 2023-2024



- Intramural athletics are offered to any 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade student who wishes to participate. Intramural programs are organized to encourage physical activity. Students need to have a parent permission form completed to be eligible for intramural participation.
- The offerings for intramurals will include: basketball, volleyball, indoor soccer, wiffle ball, and badminton.
- Times are from 8:00 a.m. – 8:30 a.m. in the main gym.
- Students are encouraged to wear athletic apparel and must wear gym shoes.
- **ONE** permission form is good for ALL intramurals for the school year.

## Girls' Basketball

September 12  
September 19  
September 26  
October 3  
October 10



## Boys' Volleyball

September 14  
September 21  
September 28  
October 5  
October 12



## Boys' Basketball

October 17  
October 24  
October 31  
November 7  
November 14



## Girls' Volleyball

October 19  
October 26  
November 2  
November 9  
November 16



## Girls' Soccer

February 6  
February 13  
February 20  
February 27  
March 5



## Boys' Soccer

February 8  
February 15  
February 22  
February 29  
March 7



## Co-Ed Wiffle Ball

April 9  
April 16  
April 23  
April 30  
May 7



## Co-Ed Badminton

April 11  
April 18  
April 25  
May 2  
May 9



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\*\*\* ONE permission form is good for ALL intramurals for the school year \*\*\*

KIRBY SCHOOL DISTRICT 140  
Tinley Park, Illinois

PERMISSION AND CONSENT TO PARTICIPATE IN INTRAMURAL or SWIC PROGRAM

**\*Please note: A Sports Physical is required before participation in SWIC (Southwest Interscholastic Conference) ONLY.**

Sports Physical Required:     YES – SWIC Participant                       NO – Intramurals Only

Sport Activity: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work/Cell: \_\_\_\_\_ Father's Work/Cell: \_\_\_\_\_

Allergies: \_\_\_\_\_ EPI-Pen: YES/NO

Medical History: \_\_\_\_\_

Asthma: NO \_\_\_ YES \_\_\_ Inhaler Use: Frequent \_\_\_ Rare \_\_\_ With Exercise \_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

Surgical History: \_\_\_\_\_

**An emergency contact is someone other than yourself who is able to pick up your child in the event of an illness or injury.**

Emergency Contact Information: \_\_\_\_\_

Name

Phone

Emergency Contact Information: \_\_\_\_\_

Name

Phone

I hereby give my consent for the above-named student to participate in the above-named intramural or athletic activity.

To my knowledge, my child is in good physical condition and there is no medical reason to limit or prohibit my child's participation in the above-named activities. **I understand that if my child is participating in a SWIC athletic sport that a sports physical is required before participation.**

I understand that my child must either carry student insurance or I must accept the financial responsibility for any and all injuries for said child arising out of any such accident either out of pocket or through private medical and hospitalization insurance which I may have covering such injuries to my child. I further understand and agree that Kirby School District 140n does not provide medical insurance for students nor will the School District pay for any medical treatment or transportation to a medical facility that may be required due to any injury arising from my child's participation.

I agree to be responsible for the above-named pupil. I do hereby hold Kirby School District 140, its officers, agents, and employees, harmless for any injury or accident that may occur as a result of my child's participation in any approved intramural or athletic activity.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE PERMISSION FORM**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian