

**Pocono Mountain East Cardinal Athletics
Intramural Parent/Guardian Consent Form**

I hereby consent to the participation of _____, a student in grade _____, in the following intramurals.

_____ Volleyball
_____ Golf
_____ Tennis
_____ Swimming
_____ Softball
_____ Track & Field

_____ Baseball
_____ Basketball
_____ Soccer
_____ Wrestling
_____ Strength Conditioning

All students will take the activity bus home after intramurals at 5:30. If the student is being picked-up by a parent/guardian, they must be picked up between 5:15 and 5:30. Any student who is not picked-up on time will not be able to participate in the remainder of intramurals.

Swimming Prerequisites: All students must have some knowledge of swimming as a competitive sport and be able to swim 25 yards (1 length of the pool) without stopping in order to participate. All students will need an appropriate swim suit (Girls must have a 1 piece suit and boys cannot wear gym shorts), swim cap (If their hair is longer than their shoulders), goggles, and towel(s).

I acknowledge that the nature of the intramural activity may involve the threat of injury to participants and that those who enroll in the program will be required to provide the information requested below. The above student has the following medical condition which might affect the participation of the above student and which the Intramural Program Advisor should be aware of: _____

I acknowledge that I have been advised of the student medical insurance program available through the District and the District's recommendation that we purchase such insurance or obtain other medical insurance. In this regard (indicate one of the following):

- _____ 1. I have already purchased school insurance for the year.
_____ 2. I wish to purchase school insurance and request an insurance form.

<http://www.pmsd.org/cms/lib3/PA01916596/Centricity/Domain/36/PMSD-VoluntaryStudentInsurance-Brochure.pdf>

- _____ 3. I have other insurance coverage

Name of Company _____

Parent/Guardian Signature _____ Date _____

Emergency Contact Number(s) _____