

Field Hockey Intramural Registration Form

Child's Name: _____ **Grade:** _____

Please list any allergies or medical concerns:

Intramural Information:

Who: SG students in grades 5th through 8th

When: Monday, March 21st through **Thursday**, March 24th from 3:00PM–4:30PM

What: We are holding intramurals for beginner players to come and learn what the sport is all about! Equipment is provided if needed; please dress in athletic clothes and sneakers.

Emergency Contact Information:

Parent/Guardian Information:

Name: _____

Name: _____

Phone #1: _____

Phone #1: _____

Phone #2: _____

Phone #2: _____

The individuals listed below have been authorized to pick up my child and be reached during intramurals at the numbers listed if I am unavailable:

Name: _____

Phone: _____

Name: _____

Phone: _____

Please return completed intramural forms to your front office by TUESDAY March 15th If you have any questions please email Coach Julia Baer at baerj@sgasd.org

