



**THE SCHOOL DISTRICT OF LEE COUNTY
INTRAMURAL ATHLETICS ACKNOWLEDGEMENT, CONSENT & RELEASE FORM**

GENERAL INFORMATION: (PLEASE PRINT)

Student's Name: _____ Sex: _____ Date of Birth: ____/____/____

School: Varsity Lakes Middle School Grade: _____ Student ID#: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____

INTRAMURAL ATHLETIC ACTIVITIES:

I acknowledge, consent and release my/our child to participate in intramural athletics activities.

PARENTAL/GUARDIAN ACKNOWLEDGEMENT, CONSENT & RELEASE OF LIABILITY:

*(This form must be completed and signed on the **back** by all parents/guardians. If divorced or separated, parent/guardian with legal custody must sign.)*

I/We acknowledge that intramural athletics are voluntary activities. I/We acknowledge the risks involved in athletic participation and choose to accept responsibility for my/our child's safety and welfare while participating in intramural athletic activities. I/We consider him/her physically capable of participating in intramural activities. With full understanding of the risks involved, and in consideration of the school allowing my/our child to participate in intramural athletic activities, I/We release and hold the School District of Lee County harmless for any injury or claim resulting from participation in intramural athletic activities. I/We further authorize the school to obtain emergency medical treatment for my/our child should the need arise for such treatment while my/our child is under the supervision of the school intramural athletic activities.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Varsity Lakes Middle School (*school name*), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Varsity Lakes Middle School (*school name*) ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND (Varsity Lakes Middle School (*school name*)) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

This release shall remain effective for whatever period of time my/our child participates in intramural athletic activities in the School District of Lee County.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

INSURANCE REQUIREMENTS:

All students must have insurance to participate in intramural athletic activities. It is the parent/guardian's responsibility to purchase and maintain insurance while the student is participating in intramural athletic activities. The School District of Lee County does not provide health insurance and is not responsible for student medical bills.

Please check the appropriate space(s):

_____ My/Our child is covered under a major medical health insurance plan.

Company: _____ Policy #: _____

_____ My/Our child is covered by student accident insurance _____ 8 Hour Plan _____ 24 Hour Plan

Signature of Parent/Guardian: _____ Date: _____

ATTENTION: PLEASE SIGN IN ALL PLACES ON THE INTRAMURAL/INSURANCE FORM. ALSO YOUR CHILD MUST HAVE INSURANCE TO PARTICIPATE AND WE NEED THE NUMBER PUT ON THE FORM. IF IT IS MEDICAID THEN PUT THAT AS THE COMPANY NAME. IF YOU ARE USING SCHOOL INSURANCE THE MINIMUM IS \$8.00 AND THAT WOULD BE THE 8 HOUR PLAN. YOU MAIL THE SCHOOL INSURANCE INTO THE COMPANY. IT DOES NOT COME BACK TO SCHOOL.

If you have any questions please email or call the Intramural/Athletic Director Craig Bullock. craigab@leeschools.net
239-694-3464

BUS PASS INFORMATION!

Below is the current list of activity bus stops. More stops may be added during the school year. If there is not a stop near your home and you know of a safe well lit area that would be a safe stop please contact the name above. **Buses will only make stops at these locations.** Parents will be responsible for getting the student home from that location. Students will get a bus pass from their coach before getting on the bus. Times could change.

Bus Number: 2723 (LEHIGH BUS)

1 5:40 P.M. LEHIGH SENIOR HIGH
2 5:47 P.M. UNICE AVE N & HARNIS MARSH ELEM
3 5:52 P.M. SUNSHINE BLVD. \$ FLORA AVE. N.
4 5:57 P.M. SUNSHINE ELEM BUS RAMP
5 6:04 P.M. G WEAVER HIPPS ELEM & TAYLOR LANE
6 6:18 P.M. VETERANS PARK ELEM/MIDDLE
7 6:21 P.M. ARTHUR AVE IN FRONT OF LEHIGH MIDDLE
8 6:33 P.M. LEHIGH ELEM BUS RAMP
9 6:43 P.M. CHARWOOD AVE S & MIRROR LAKES ELEM
10 6:58 P.M. EAST LEE COUNTY HIGH
11 7:04 P.M. HOMSTEAD RD S. & JAGUAR BLVD.
12 7:15 P.M. 23RD ST. SW & ELVA AVE. S.
13 7:19 P.M. 23RD ST. SW AND CURTIS AVE. S.
14 7:43 P.M. COMMERCE LAKES DR & GATEWAY ELEM
15 7:54 P.M. TREELINE AVE & TREELINE ELEMENTARY

Bus Number: 2912 (FORT MYERS BUS)

1 5:40 P.M. JAMES STEPHENS ACADEMY
2 5:44 P.M. TICE ELEMENTARY IN FRONT OF SCHOOL
3 5:50 P.M. MANATEE ELEM
4 6:05 P.M. OAK HAMMOCK MID BUS RAMP
5 6:17 P.M. RIVERDALE HIGH & BUCKINGHAM RD.
6 6:20 P.M. RIVER HALL PKWY & RIVER HALL ELEM
7 6:32 P.M. ALVA ELEMENTARY/MIDDLE
8 6:53 P.M. KITTYHAWK DR & LAURELWOOD DR.
9 7:05 P.M. 68TH ST. W. & JUNE AVE. N.