

Intramural Indoor Field Hockey

When:

The league will run for 9 weeks on Mondays. A bus will take you to the International Sports Center after school. Sessions begin at 3:15 PM and end either at 4:30pm. You must provide your own transportation home from the center, no later than 4:45 pm. In the event of cancellations due to snow days, missed sessions will be made up at the end of the season. Indoor Field Hockey schedule is online under the sports calendar.

Cost:

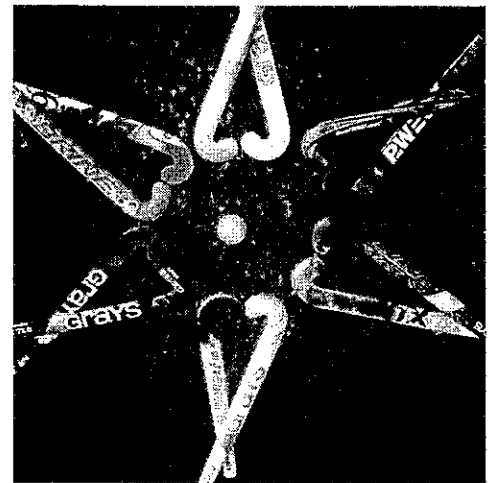
The cost of the league is *Free*. You only need to pay the activity fee that is associated with all activities with the district in the school. If you participate in another sport or music you may have already paid it. Please contact the Counseling Center to see if this has been paid.

Where:

The International Sports Center, 600 Kresson Rd., Cherry Hill, N.J. 08034
856-428-8588

Requirements:

- Mouth Guard
- Stick
- Shin Guards
- Water Bottle
- Sneakers – No Cleats or Turfs



Interest Inventory

Name _____ Grade _____ Advisor _____ LC _____

I am interested in participating in the Intramural Roller Hockey League.

Level of Play: Beginner _____ Intermediate _____ Advanced _____ Goalie _____

Please return the bottom half of this form, with a check or cash, no later than **Friday December 4, 2015**. Please bring this form **Ms. Speakman** in room B111 and the permission form to the Nurse's Office.

YOU MUST HAVE AN UPDATED PHYSICAL TO PLAY!!!

**Cherry Hill Public Schools
Rosa International Middle School
Intramural Permission and Release Form**

Sport: Intramural Indoor Field Hockey

Last Name	First	Grade	Advisor
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Address

Telephone (Home)

Telephone (Emergency)

My son/Daughter has my permission to participate in the above named intramural program as approved by the school administration of Rosa International Middle School.

We realize there is a risk of the above named student being injured that is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release the Board of Education and its agents, servants, teachers and employees of any liability whatsoever, for any accidents that may occur during such participation.

Accident or hospitalization insurance carried by parents which would cover any injury the student might have while participating in school intramurals;

Blue Cross Blue Shield Other _____

Family Physician _____ Telephone _____

Hospital Preference *1. _____ 2. _____

*Every effort will be made to comply with parents' wishes. However, regulations governing medical emergency ambulance service may necessitate transportation to the nearest hospital.

We further understand that the Board of Education has purchased "*Full Excess*" accident insurance coverage for all activities. *Full Excess* means that parents' insurance must be used first. Any medical expense not covered by their insurance can be submitted under the full excess policy, and will be paid on a usual and reasonable basis.

TLC Sports Management, Inc., International Sports Centre, and or Soccer International, its owners, operators, employees, and agents are hereby released from any and all claims for injuries or damages which may occur while player is on the premises of TLC Sports Management, Inc., International Sports Centre, and or Soccer International, or engaged in any activity in connection therewith, whether such injuries or damage are foreseen or unforeseen. It is further understood and agreed that he undersigned agrees to defend, hold harmless, and indemnify TLC Sports Management, Inc., International Sports Centre, and or Soccer International from any claim by player, the undersigned, player's family, estate, heirs, or assigns.

I am fully aware that the rules and regulations of the International Sports Centre and / or Soccer International must be followed. Any violation of such rules can and will result in the suspension of any player found in violation.

Parent or Guardian's Signature _____

Student's Signature _____ Date: _____

Cherry Hill Public Schools Athletic Participation and Release Form

School _____ Grade _____ Sex _____ Sport _____

Last Name _____ First Name _____ Telephone Number _____ Emergency Name/Number _____

Address: Street _____ City _____ Zip Code _____

_____ has my permission to participate in the above Interscholastic/Intramural athletic activity as approved by the Board of Education of the Township of Cherry Hill.

We realized that there is a risk of the above named student being injured, that is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release the Board of Education and its agents, servants, teachers, and employees of any liability whatsoever, for any accidents that may occur during such participation. We understand and give permission that medical information is to be shared with the athletic trainer and/or coach.

We understand that _____ will be responsible for the safe return of all athletic equipment issued to him or her, and we agree to be responsible to the Board of Education, in the event of loss or damage through carelessness or improper use.

Accident or hospitalization insurance carried by parents which would cover any injury student might have while participating in school athletics:

Blue Cross Blue Shield Other accident or hospitalization insurance



Yes



No



Yes



No

Family Physician/Pediatrician: _____ Phone Number: _____

Hospital Preference: 1. _____ 2. _____

*Every effort will be made to comply with parents' wishes. However, regulations governing medical emergency ambulance service may necessitate transportation to the nearest hospital.

We further understand that the Board of Education has purchased "Full Excess" accident insurance coverage for all interscholastic sports.

Full Excess means that the parents' insurance must be used first. Any medical expense not covered by their insurance can be submitted under the full excess policy, and will be paid on a reasonable basis.

We hereby certify that _____ was born in the city of _____ State of _____

month _____, day _____, year _____.

Parent or Guardian Signature _____ Student Signature _____

Date _____

May be completed by the school nurse if the student's physical is current and approved for sports.

For Physician:

I hereby certify _____ was examined and found to be physically fit to engage in all Middle School athletics.

Examination Date _____ Physician Signature _____

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes ___ No ___
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ___ No ___
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes ___ No ___
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes ___ No ___
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes ___ No ___

7. Been hospitalized or had to go to the emergency room? Yes ___ No ___
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ___

9. Started or stopped taking any over-the-counter or prescribed medications? Yes ___ No ___
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____