TAYLOR HS INTRAMURAL APPLICATION FORM 2008

(TO BE COMPLETED ONE TIME DURING SCHOOL YEAR)

Part 1: Personal Information

Date: _____ Name of Participant: _____

Grade: _____ Gender: _____ Participant's Cell Phone Number: _____
Full Address:
_____

Intramural Activities You Wish To Participate In: (CHECK)
Write skill level, (beg., intermediate or advanced) under the sport.

____Badminton Singles ____Badminton Doubles Partner's Name: _____
Skill Level: _____

____Table Tennis Singles ____Table Tennis Dlbs Partner's Name: _____
Skill Level: _____

____Volleyball Skill Level: _____

Are you participating in any UIL sports activities this year? YES/NO Circle One
If you answered YES to the above question, please write the sport/sports involved. Be accurate as it may affect your eligibility. _____ Varsity level? YES/NO (circle)

Part 2: Emergency Information (to be completed by parents/guardian)

Student's Name: _____Home Phone: _____

Address: _____

Name of Parent or Guardian: _____
FIRST MID. INITIAL LAST
Father's Place of Employment: _____Phone: _____
Mother's Place of Employment: _____Phone: _____
Family Physician Name: _____ Office Phone: _____
Physician's Address: _____ Emergency Phone: _____
Name of relative/friend who can be contacted if parent or guardian cannot be reached:
Name: _____ Relationship: _____ Phone: _____

INSURANCE POLICY WITH _____ POLICY NO. _____
COMPANY

Part 3: Katy ISD Waiver (to be completed by parents/guardian)

I, the undersigned, being the individual, spouse, parent, or legally authorized and qualified guardian of _____, agree to hold the Katy Independent School District, its Board of Trustees, administration and/or faculty, harmless from all liability of any injuries which my son/daughter may receive while participating in any 2008 intramural activities or utilizing the Katy School facilities. I, hereby, authorize the Director and/or district employee to secure medical services for any family member if necessary and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

_____
SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE