



Co-Ed Intramural Golf Grades 4-8

3:20 - 4:20 p.m./Free Program

Golf Schedule (Weds.)

<u>April</u>	<u>May</u>
4/3	5/1
4/10	5/8
4/24	5/15
	5/22
	5/29

Please plan on picking up your child at 4:20 P.M. at Veterans Field.

If alternate plans are made for pick up such as, carpooling, please put it in writing.
In the event there is rain/snow, there will be no golf and the day will not be made-up.

An email will go out to you before 1:00 p.m. to let you know.

What to bring: water bottle, sunscreen, sneakers, hat, golf clubs.

Loaner golf clubs will be available for use during each session if needed.

Intramural Golf

Name _____ Grade/Class _____

Home Phone _____ Emergency Number _____

EMAIL address _____

Please note any medical conditions we may need to know about your child.

I give my child, _____, permission to participate in the Sherman School's intramural sports program. I understand that my insurance company is responsible for all injury costs and that the school's athletic insurance policy coverage goes into effect only after my coverage has been exhausted for that particular incident.

Signature of Parent/Guardian _____ Date _____

Please return to the office by Friday, March 22nd. There will be 10 slots available and a lottery will be held.



Co-Ed Intramural Soccer Grades 4-8
Tuesdays, 3:20 - 4:20 p.m./ Free Program

<u>April</u>	<u>May</u>	<u>June</u>
4/2	5/7	6/4
4/23	5/14	
4/30	5/21	
	5/28	

*Students will meet in the middle school, downstairs by the gym entrance.

*Please plan on picking up your child at 4:20 P.M. at Veterans Field.

*If alternate plans are made for pick up such as, carpooling, please put it in writing.

*In the event there is snow/rain, soccer could be in the gym. If practice is cancelled, an email will be sent out before 1:00 p.m. There will be no make ups if it's cancelled.

What to bring: cleats/sneakers, water bottle, and sunscreen. Soccer balls will be provided.

Intramural Soccer

Name _____ Grade _____

Home Phone _____ Emergency Number _____

E-mail address _____

Please note any medical conditions we may need to know about your child.

I give my child, _____, permission to participate in the Sherman School's intramural sports program. I understand that my insurance company is responsible for all injury costs and that the school's athletic insurance policy coverage goes into effect only after my coverage has been exhausted for that particular incident.

Please circle your child's soccer ability: beginner intermediate advanced

Signature of Parent/Guardian _____ Date _____

Please return to the office by Friday, March 22nd.
There will be 12 slots available and a lottery will be held.



Intramural Fun Fridays

Grades 4-8 from 3:20 - 4:20 p.m.

Free Program

<u>April</u>	<u>May</u>
4/5	5/3
4/12	5/10
4/26	5/17
	5/24
	5/31

Fun games like: Ultimate Frisbee, Flag Football, Floor Hockey, Yard Games, etc.

Students will meet in the gymnasium after school.

Please plan on picking up your child at 4:20 P.M. by the front office.

If alternate plans are made for pick up such as, carpooling, please put it in writing.

**Please let us know in advance if your child will not be attending any days so we can plan accordingly. Otherwise, your child is expected to be here on those Fridays. **

Fun Friday

NAME _____ Grade/Class _____

Home Phone _____ Emergency Number _____

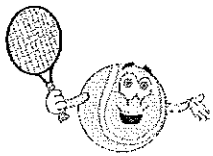
EMAIL address _____

Please note any medical conditions we may need to know about your child.

I give my son/daughter, _____, permission to participate in the Sherman School's intramural sports program. I understand that my insurance company is responsible for all injury costs and that the school's athletic insurance policy coverage goes into effect only after my coverage has been exhausted for that particular incident.

Signature of Parent/Guardian _____ Date _____

Please return to the office by Friday, March 22nd. There will be a maximum of 25 spots and a lottery will be held.



Co-Ed Intramural Tennis Grades 4-8
Thursdays, 3:20 - 4:20 p.m./ Free Program

<u>April</u>	<u>May</u>	<u>June</u>
4/4	5/9	6/6
4/11	5/16	
4/25	5/23	
	5/30	

*There will be NO tennis on April 18th (Spring Break) or May 2nd (DC trip)

*Students will meet after school by the front of the office.

*Please plan on picking up your child at 4:20 P.M. at Veterans Field.

*If alternate plans are made for pick up such as, carpooling, please put it in writing.

*In the event there is snow/rain, tennis could be in the gym. If practice is cancelled, an email will be sent out before 1:00 p.m. There will be no make ups.

What to bring: sneakers, water bottle, sunscreen, hat, and a racket. Loaner rackets will be available for use during each session if needed.

Intramural Tennis

Name _____ Grade _____

Home Phone _____ Emergency Number _____

E-mail address _____

Please note any medical conditions we may need to know about your child.

I give my child, _____, permission to participate in the Sherman School's intramural sports program. I understand that my insurance company is responsible for all injury costs and that the school's athletic insurance policy coverage goes into effect only after my coverage has been exhausted for that particular incident.

Please circle your child's tennis ability: beginner intermediate advanced

Signature of Parent/Guardian _____ Date _____

Please return to the office by Friday, March 22, 2019
There will be 12 slots available and a lottery will be held.