

**Junior Jays Intramural Program
Basketball & Volleyball
5th & 6th Grade Boys and Girls**

If you have a son or daughter interested in playing intramural volleyball or basketball for the Washington School District, please complete this form and mail it to the P.O. Box listed below or deposit it in the drop box location listed at the bottom of this form. Sign-ups will be accepted until 10 days prior to the first game of each sport. **At the discretion of the board, sign-ups received late may not be guaranteed acceptance or placement with their child's school team and will either be refunded or assigned to the school with the greatest need. Lack of interest at any given school will result in students being placed on a team at another school.**

Fees: \$40 per sport or \$70 for 2 sports (Please make checks payable to "Junior Jays Intramural Program")

(Please Print Legibly)

School Name _____ Teacher _____ Grade _____
Player Name _____ Date of Birth _____
Parent or Guardian _____ Phone # _____
Street Address _____
City _____ State _____ Zip _____
Email _____

T-Shirt Size (Adult Sizes Only) Circle One: **Small** **Medium** **Large** **X-Large**

_____ Girl's Basketball (Estimated Dates: Sept – Nov) Sign up until September 19th

_____ Boy's Basketball (Estimated Dates: Nov – Jan) Sign up until October 31st

_____ Girl's Volleyball (Estimated Dates: Jan – April) Sign up until January 4th

_____ Boy's Volleyball (Estimated Dates: Jan – April) Sign up until January 4th

All dates are approximate and will vary depending on the number of players and number of teams

****Your child's school may not be represented if there is not enough parental support****

I would like to volunteer to be a: **Coach** _____ **Assistant Coach** _____ **Basketball** _____ **Volleyball** _____

I release the School District of Washington, coaches, officials, the intramural committee, and the advisory board for any injury or death that may occur to my child while participating in this program. My child is voluntarily participating in the activity with the knowledge of the dangers involved and agrees to accept all risks of participation. I also agree to indemnify and hold harmless those listed above for all claims arising out of my child's participation in this activity and all related activities.

Parent or Guardian Signature _____ Date _____

Completed forms and payments can mailed to:

Junior Jays Intramural Program

P.O. Box 114

Washington, MO 63090

Online at: washmosports.com

Or deposited in the drop box at:

1403 East Fifth Street, Washington, MO 63090