

## Activity Name: 2<sup>nd</sup> - 6<sup>th</sup> Grade Soccer Intramural Program

**Objective:** We will provide a non-competitive environment for your child to become physically active while having fun, learning new skills, developing team building and good sportsmanship traits while making some new friends.

**Location:** 500 School Field. In the event of inclement weather we will move inside to the 500 school gym. 150 students will be escorted over to 500 by CCS staff.

**Dates and Times:** 2<sup>nd</sup> & 3<sup>rd</sup> Grades –Tuesday, Oct. 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup> - 4:00 - 5:30pm.  
 4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> Grades – Thursday, Oct. 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup> - 4:00 - 5:30pm.

**Please Note:** *If your child is enrolled in another after-school activity that conflicts with this program, please do not sign-up. Students who are picked up late will be asked not to return to the program; no refunds will be issued.*

**Uniform:** Wear sneakers. Students are encouraged to wear their PE uniform on intramural days. Please understand that skirts, jumpers and dress shoes are a safety issue and are not appropriate attire. Students wearing these may be excluded from participation.

**Essentials:** Bring a water bottle. Any safety equipment you'd like your child to wear will need to accompany him/her to school.

**Participation Fee:** \$25.00. Please make your check or money order payable to CCS.

**Registration:** The permission slip below must be completed and is mandatory for registration and attendance. Return it with the participation fee by the due date to CCS, attention: Mr. Handley, 535.

**Due Date:** 8:30am on Wednesday, September 21, 2016.

**Lottery Info:** Space is limited, a participation lottery will be held if necessary. (Properly completed forms only.)

**Notification:** Individual confirmation of enrollment into this program is not provided. A roster will be posted listing participants. Please check CCS's website's Athletics page one week following due date to see if your child is registered.

**Refunds:** Your fee and registration form will be returned to you if your child is not selected via the lottery. In addition, if not selected for this activity, your child will have priority registration for their next intramural activity this school year provided a permission slip is completed properly and submitted on time with the required fee. No other refunds.

**Medical Concerns:** If your child requires any medications during the activity, please contact CCS's school nurse to make the necessary arrangements. Any health emergencies will be taken to the nearest emergency room and parents will be contacted as soon as possible.

**Questions:** Contact Mr. Matt McCain, Athletic Director, at [mmccain@ccs.us](mailto:mmccain@ccs.us), or call 610-903-1300 ext. 6614.  
 (Please detach, return lower section to CCS and keep the top portion for reference.)

In such case as I cannot be reached, I authorize the CCS employee/parent chaperone to arrange for any necessary medical treatment. I understand that the rules and regulations of the CCS Student Code of Conduct are applicable and enforceable during all after school activities.

Student's Name: \_\_\_\_\_ Homeroom Teacher/Bldg: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- I give permission for my child to participate in **2<sup>nd</sup> to 6<sup>th</sup> Grade Soccer Intramural Program.**
- I have enclosed the **\$25** participation fee for this program. Check/Money Order payable to CCS.
- I will pick up my child by **5:30pm at 500 building field/gym.**

(Printed) Parent Name

Parent Signature