



# Team 105 Intramurals



Dear District 105 Parents/Guardians,

My name is Rachel Matter and I am a Resource Teacher for Spring Ave Elementary School. I am very excited for another year of the Team 105 Intramural Program! I hope you are all as excited as I am to begin! The season begins September 29th and will run from 6:30 pm to 7:30 pm. Please visit <http://team-105-volleyball.spring.d105.net/> for more information!

The intramural program is designed to focus on skill acquisition and teamwork. Teams will be comprised of students from all four elementary schools. Bus transportation is available to and from all clinics, practices, and games for those students needing transportation. If this service is needed, please fill out the bus registration form. A bus schedule will be provided to you once the route is determined.

In keeping with a minimal competition atmosphere, team standings will not be kept. Volunteer parent coaches are asked to provide an atmosphere that is fun, fair, and safe. **PLEASE CONSIDER BEING A PARENT COACH THIS YEAR!** We need your support to keep the program running strong!

Included is an informational packet with everything you need to know regarding the program. Please return all needed forms to your child's classroom teacher. If you have any other questions or concerns please feel free to email me at [rmatter@d105.net](mailto:rmatter@d105.net) or call 708-482-2710 ext. 1119. I am looking forward to working with all of you!

Respectfully,

Rachel Matter  
District Intramural Coordinator  
(708) 482-2710 ext. 1119  
[rmatter@d105.net](mailto:rmatter@d105.net)

# Team 105 Co-Ed Intramural Sports for 5<sup>th</sup> & 6<sup>th</sup> Grade

## ❖ General Rules

1. Please have players arrive at scheduled game time. Intramurals begin at 6:30 pm and end at 7:30 pm. **(Players are not allowed in the building before 6:15 PM)**
2. No food or gum in gym. Water bottle for athletes only. No jewelry (rings, watches, etc.). Eyeglasses should have safety straps.
3. Players and children spectators should remain in the gym (no hallway wandering). **All children must be accompanied by an adult. SIBLINGS ARE NOT ALLOWED ON THE INTRAMURAL BUS UNLESS A PARENT IS PRESENT.**
4. Coaches, parents and players should be respectful of referees at all times.
5. If insufficient players arrive for a team, coaches can split the players evenly from the two scheduled teams or the team with insufficient players may enlist players from the same school if both coaches agree to this arrangement. Scores of the games are kept, but no team standings are maintained. Games are low keyed, instructional, intramural, and fun. Please encourage both teams on the court. Someday, many of these students will be on the same teams at Gurrie and beyond. Good sportsmanship among players and parents is vital.

## ❖ Policy regarding conflicts with other School District 105 events

Every effort has been made to secure a schedule that doesn't interfere with other school functions. Students are encouraged to pursue school-specific events in lieu of intramural games when conflicts arise.

## ❖ General Season Outline

Date	Intramural Type
Mon 9/29	1 <sup>st</sup> Clinic
Wed 10/1	2 <sup>nd</sup> Clinic
Mon 10/6	Practice
Wed 10/8	Practice
Wed 10/15	Practice
Mon 10/20	Game
Wed 10/22	Game
Mon 10/27	Game
Wed 10/29	Game
Mon 11/3	Game
Wed 11/5	Game
Mon 11/10	Game
Wed 11/12	Game

**Team 105 Intramural Sports Program**

**5<sup>th</sup> & 6<sup>th</sup> grade Volleyball**

**Please return this form to your child's teacher by Tuesday  
September 23rd**

**Player Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

T-Shirt Size (Circle one):      Adult L      Adult M      Adult S      Child L(14-16)

**\*\*Please note the Child L has a shorter body length than the Adult S\*\***

***Parent-Volunteer Information***

**Please consider volunteering. Your participation is critical to the success of the program. Parent coaches are paired with former Gurrie students to help with coaching. If you also know any former students that would like to volunteer please write their name and contact information below. If you would like to volunteer, please write your information below.**

Volunteer Name: \_\_\_\_\_

Volunteer Phone Number: \_\_\_\_\_

Volunteer Email Address: \_\_\_\_\_

LaGrange School District 105  
5<sup>TH</sup> & 6<sup>th</sup> Grade CO-ED Intramural Program

- **\$15.00 fee** to accompany this form (make checks payable to LaGrange School District 105)

\*Fee includes a t-shirt                      Paid by Cash \_\_\_ Check # \_\_\_\_\_ Fee Waived \_\_\_\_\_

*(Fee can be waived for families who qualify for free and reduced lunch. Please contact coordinator Rachel Matter for more information)*

**MEDICAL INFORMATION:**

Does this child have any special conditions, disabilities, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

No    Yes

If yes, please state condition: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorizes the program administrator, coach's assistant, coach or parent of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. **If there is an emergency and I cannot be reached, please contact:**

EMERGENCY CONTACT NAME (OTHER THAN PARENT/GUARDIAN) \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**WAIVER OF LIABILITY & DISCLAIMER:**

To induce LaGrange School District 105 to accept registration and permit participation in TEAM 105 Intramurals by the named individual, I, the parent/guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless LaGrange School District 105, its officials, coaches and representatives from any claim arising out of injury to the named individual. I also hold harmless LaGrange School District 105 from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Transportation Form

### **Transportation disclaimer:**

Students are not allowed to walk to or from intramurals. Students need to be dropped off/picked up by an adult or take the provided bus transportation. Students may not be dropped off before 6:15 pm and need to be picked up at 7:30 pm.

My student will (please check one):

Get dropped off and picked up by an adult

I understand that students are not allowed in the building until 6:15 pm. I understand that students need to be picked up at 7:30 pm. I understand that students are not allowed to walk to or from intramurals.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Use bus transportation

\*\* Transportation is available for Seventh, Ideal and Hodgkins students\*\*

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that only intramural participants are allowed on the bus unless other children are accompanied by an adult. I understand that if any student exhibits inappropriate behavior determined by the bus driver or supervisor, then that student will no longer be allowed to use bus transportation to intramurals.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_