Dear Parents of 4th and 5th graders,

Intramurals at Pickering Valley will be starting soon and all students in 4th and 5th grade are eligible to participate. Students will be called to the gym from their classroom as Intramurals begin immediately after school and ends promptly at 4:30pm. Mondays and Tuesdays are reserved for Intramurals. On occasion, if we do not have school on Monday or Tuesday of a certain week, we will schedule Thursday of that week to make up for the day off. The season will run from approximately October-April. Your child will be given a group roster and a schedule before the season begins. Groups will play on different days, so it is imperative to check the schedule weekly. Students should only stay for Intramurals on days their group is assigned to play. We will rotate a variety of developmentally appropriate activities throughout the course of the year. Lastly, Intramurals will be held rain or shine!

Intramurals Code of Conduct
- Sneakers must be worn in order to participate.
- Sportsmanship is a priority.
- Your child will be responsible for reminding you that he/she needs to be picked up no later than 4:30.

Parent Pick-Up Routine
- 1st parent in line will pull around the “horseshoe” in front of the school. All remaining cars will follow and park in a line.
- Please note that any late pick-ups (more than 5 minutes) will result in the student missing the next game. No warnings are given. Exceptions will be made in the case of an unusual emergency.

DASD Participation Fee
- As you may be aware, DASD charges a $25 participation fee for extracurricular activities. If you have not paid this fee yet during this school year, please use the following to complete payment:
  - Visit the DASD Website > Parents tab at top of page > Activity Fee Payments. All fees must be paid online.

Please return bottom portion only

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Student Name: ____________________________ Grade: _________ Teacher: __________

Parent(s) numbers:
Home: ________________________________
Work: _______________________________ Work: _______________________________
Cell: _______________________________ Cell: _______________________________

Name and Phone # of person to contact if parent(s) can’t be reached:
____________________________________________________________________

Hospital of choice if accident occurs: ________________________________

Parent/Guardian signature________________________

Please return to Mr. Orth by Friday, September 26th