

2018-2019 School Year
Arrowhead Activities Office
Questions? Call Mrs. Arsnow at 369-6912 ext. 4202

Participant/Parent Behavioral League Form

_____ (Arrowhead H.S. participant's name) has permission to participate in the Intramural Volleyball League during the 2018-2019 school year.

_____ (Participant's name) and I have reviewed all of the school policies and understand the consequences for breaking these policies.

I, _____ (Participant's name) will follow these guidelines as well as the league rules (listed on the back) while participating in this activity and do understand that if I break these rules, that the athletic department may ask me to discontinue participating in this league. I also understand that with these actions I may be on probation for further activities and trips.

I, the undersigned, do hereby agree to allow the participant named herein to participate in the program indicated. I am aware of and understand that there is an inherent risk of injury with participation in any recreation activity. Primary insurance coverage is the responsibility of the student's family.

A \$5.00 fee is required to participate in Intramural Volleyball. The fee must be turned in before the first game. Also required, make sure you have a completed concussion form online under your family access,

Students' Printed Name: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Main Emergency Number: _____

2nd Emergency Number: _____