

2023-2024 School Year  
Arrowhead Activities Office  
Questions? Call Mrs. Arsnow at 369-3612 ext. 4202

## Participant/Parent Behavioral League Form

\_\_\_\_\_ (participant's name) has permission to participate in the Intramural Volleyball League during the 2023-2024 school year.

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 \$8.00 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: \_\_\_\_\_  
2<sup>nd</sup> Emergency Number: \_\_\_\_\_