

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

Participant/Parent Behavioral League Form

_____ (Arrowhead H.S. participant's name) has permission to participate in the Intramural Basketball League during the 2023-2024 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 \$10.00 fee is required to participate in Intramural Basketball as well as the concussion form must be completed online under your family access. The fee must be turned in with your registration.

Student Signature: _____ Date: _____
Students' Printed Name: _____
Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Printed Name: _____
Emergency #1: _____ Emergency #2: _____