

HIGHROAD ACADEMY

KNIGHTS

Jr. Volleyball Grade 7-9

Thank you for allowing your son/daughter to play **Jr. Highroad Volleyball** this year. To start this year, we will be running 2 sessions of volleyball within our cohorts (Grade 7-9 and Grades 10-12). For Jr. Volleyball (7-9), we plan to run two days per week which will include a skill development day as well as a game day where students will be able to wear their Jerseys and compete in an intermural season within our Cohort. We will be taking extra health and safety precautions this year and are asking that each player brings their own water bottle and does their daily health check before showing up to any volleyball event. Please send any questions or concerns to mmilec@highroadacademy.com.

Schedule:

- Mondays 3:00 pm to 5:00 pm
- Wednesdays 3:00 pm to 5:00 pm

Cost: \$30 (Cash or Cheque to be paid at the office along with this permission form)

Student Name: _____

Student Grade: _____

Student Birthday: ____/____/____
(year/month/day)

I, give my child permission to participate in **Jr. Volleyball** this year at Highroad Academy and will make sure that they complete a health check before every volleyball session.

I understand that with any athletics activity, some risk may be present. I release Highroad Academy, City Life Church, its employees from responsibility from activities or injuries that may result."

(Parent Name) _____ (Parent Signature) _____

(Parent Email) _____

PLEASE PRINT CLEARLY

(Parent Phone #) _____

Amount Paid (\$30) _____

