

HIGHROAD ACADEMY

KNIGHTS

Jr. Boys High Performance Volleyball

Thank you for allowing your son to play **Jr. Boys High Performance Volleyball** this year. This team is for committed volleyball players, in our grade 7 to 9 cohort, who want to push themselves to learn and grow as volleyball players. For this team we plan to run practices on Mondays from 5 pm to 7 pm with possible games against the girls 8-9 volleyball team.

We will be taking extra health and safety precautions this year and are asking that each player brings their own water bottle, washes their hands at the start and end of each practices and does their daily health check before showing up to any volleyball event. Please send any questions or concerns to mmilec@highroadacademy.com.

Coaches: James and Laura Janzen

Practice Schedule:

- Mondays 5 pm to 7 pm

Cost: \$30 (cash or cheque can be paid at the office along with this permission form)



Jr. Boys High Performance Volleyball Permission Form

Student Name: _____

Student Grade: _____

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

I give my child permission to participate in **Jr. Boys High Performance 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) _____

