

# 2021 MONTFORD Volleyball

TRYOUTS:

Tuesday, August 10<sup>th</sup>, 4:00-6:00pm

Wednesday, August 11<sup>th</sup>, 4:00-6:00pm

Thursday, August 12<sup>th</sup>, 4:00-6:00pm

## Conditions of Participation

To be eligible for participation all students must:

- 1) Have a completed Activity Participation Form on file
- 2) Have documentation of a current physical on file (physicals are good for 1 year after the date of the exam)
- 3) Have a completed HIPPA Form on file
- 4) LCS Covid-19 Consent Form
- 5) Maintain a 2.0 grade point average
- 6) Copy of Current Grades
- 7) Maintain satisfactory citizenship in all classes
- 8) At the time specified by the coach, have transportation to/from all activities
- 9) Attend all scheduled games and practices on time (except when excused by the coach)
- 10) Act responsible and represent the school in a positive manner

*\*\*\*Any violation of the conditions of participation may result in dismissal from the team*

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***I have read and understand the conditions of participation*** Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name (first & last) \_\_\_\_\_ Date of Birth mo/day/year) \_\_\_/\_\_\_/\_\_\_

Grade Level: \_\_\_\_\_

Do you have a current physical on file with the school, if so what is the date of the physical? Yes \_\_\_\_\_  
No \_\_\_\_\_ (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

1. Do you have a "2021-22 "Activity Participation Form" on file? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have a **2021-2022 Health Insurance Portability and Accountability Act ("HIPPA)/Student-Athlete Authorization for Disclosure of Protected Health Information** on file? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did you submit a copy of your current grades with your permission slip? Yes \_\_\_\_\_ No \_\_\_\_\_

***\*\*\*\*\*All documentation must be completed before participating in the activity***

**PARENT CONSENT:**

I give permission for my child (named above) to participate. I agree with the above conditions, and understand that any violation of the above conditions may result in the student's dismissal from the team.

\_\_\_\_\_

Parent/Guardian-Name

\_\_\_\_\_

Date

\_\_\_\_\_

Phone # (best way to contact)

\_\_\_\_\_

Parent/Guardian-Signature

**\*\*\*\*\*THIS FORM MUST BE SIGNED SUBMITTED TO COACH HULTQUIST BEFORE ATTENDING TRYOUTS.**

**Complete, scan it and email it to [angelawhult@gmail.com](mailto:angelawhult@gmail.com)**

Any questions please e-mail Coach Hultquist at: [angelawhult@gmail.com](mailto:angelawhult@gmail.com)