

Club Participation

Please sign below if your child will be participating in this program. Also, be sure to fill out the **Assumption of Risk Agreement** on the back of this flyer. If you have any questions about this intramural, please contact Tim Brubaker at 719-234-4700 or email tim.brubaker@asd20.org

My child, _____ (first and last name please), has permission to join the 1st session of the Intramural Sports Club (**Cross Country**) from August 28th – October 27th.

Child's Teacher: _____

_____ I will pick my child up on time at 4:15 pm. If I am late more than 2 times, my child will not be able to participate in Intramural Sports Club.

_____ My child will walk home.

_____ My child will attend Champions Daycare at High Plains.

I understand that participating in sports does have the possibility of injury. Although High Plains will take every safety precaution, the risk is still there. District 20 does not carry health insurance on students. If you would like to purchase student health insurance, please contact our office at 234-4700.

Parent Name: _____ Parent Signature: _____

Phone #: _____

Email: _____

Volunteer Opportunities

(Must have completed HPES Volunteer Training and be cleared through the district to participate)

_____ Tuesday afternoon practices

_____ Thursday afternoon practices

Practice volunteers: Run with athletes during a part of or throughout practice, encourage athletes, monitor lap sticks, post-practice lap recording, organize club materials

Race day volunteers: Volunteer needs at meets will be on an "as needed" basis.

PLEASE FILL OUT AND SIGN THE ASSUMPTION OF RISK AGREEMENT ON THE REVERSE SIDE