Arcola Field Hockey

June 1st, 2024

Dear Parents/Guardians,

I, the parent/guardian of the student named below, fully understand that while participating in the game of field hockey the player may sustain injuries that might require medical attention. While the coaches will take every precaution to prevent any injury to the player there are inherent dangers involved in the game of field hockey. I also agree to provide information to the coaches about injuries that occur away from the field hockey practices or games.

I have received, read, and completed the following information: (this information is located on the field hockey teamsite)

1. Read the Arcola Field Hockey Team Rules
2. Signed up for Remind Notifications (instructions on the field hockey team site)
3. Completed the Emergency Form on the Arcola Athletics website.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Parent Cell-Phone Number: _____

Student Name(print): _____

Grade: _____ Homeroom #: _____

Due at the first practice.

Start of practice: Thursday, September 5th from 3:10-5.