

2020-2021

Hilliard Darby Intramurals

Hilliard City Schools



What are we all about?

WHAT: Hilliard Darby High School's intramural program provides the opportunity for individuals affiliated with the school to participate in a variety of activities. To be eligible to participate in the intramural program, students must be enrolled at Hilliard Darby.

REGISTRATION PROCEDURE: Fill out the form attached to this brochure, or pick up a form in the main office. Fill out the form completely and submit with payment to the main office. An event information sheet and team roster (if necessary) will be available at the time of registration.

ENTRY FEE: A nominal fee will be charged for each intramural activity in order to offer quality programs. The amount of the entry fee is listed in the registration description for each activity. A form of payment will be needed with the submission of the program registration. Please make checks payable to: HILLIARD DARBY HIGH SCHOOL

ENROLLMENT MINIMUM: Each activity has an established enrollment minimum that is listed with the registration information. If the minimum has not been reached by the registration deadline, the activity will be cancelled and the registration will be refunded.



Offerings

Euchre

Table Tennis

Basketball

Flag Football

Intramural Information

For more information please contact:

matt_middleton@hboe.org

adam_olsheski@hboe.org

Phone: 921-7300



GET INVOLVED!!!

There are many activities to choose from this year. It does not matter if you have tried them or not. Take a chance...try something new

Table Tennis—Ping Pong

LOCATION: Darby High School

DATES: TBD

TIME: 2:45-3:45pm

REGISTRATION DEADLINE:

FEE: none

REGISTRATION MINIMUM: 10

NOTES: Commons Area



Euchre

LOCATION: Darby High School

DATES: Nov. 10, 17, 23, Dec 1, 8

TIME: 2:45-3:45pm

REGISTRATION DEADLINE: Nov. 9

FEE: none

REGISTRATION MINIMUM: 8

NOTES: Room 126



Basketball

LOCATION: Darby High School

DATES: January & February

TIME: TBD

REGISTRATION DEADLINE: Jan. 8

FEE: \$5 per player

REGISTRATION MINIMUM: 10 Teams

NOTES:

Please note that times will change depending on fieldhouse/main gym availability.



Flag Football

LOCATION: Darby High School

DATES: March & April

TIME: TBD

REGISTRATION DEADLINE: TBD

FEE: \$5

REGISTRATION MINIMUM: 12

NOTES:



THE FINE PRINT

To be completed by student

Name: _____ Grade: _____

Phone: _____

Activity/Activities: _____

II. To be completed by parent

I grant permission for my son/daughter to participate in the above intramural activity. I understand that my son/daughter may be responsible for providing his/her transportation to and from the event. By signing below I hereby release the Intramural Director, Intramural Staff and Hilliard City Schools from any and all liability from incidents, accidents or injuries that may occur while participating in intramural activities.

Parent Name: _____ Phone: _____

Parent Signature: _____ Date: _____

III. EMERGENCY MEDICAL AUTHORIZATION Part I (To Grant Permission)

In the event that reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give consent (1) for the administration of any treatment deemed necessary by our preferred physician or dentist, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) for the transfer of the child to our preferred hospital or hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Other Parent Name: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____

Parent Signature: _____ Date: _____

**List Allergies/Medical conditions if applicable

IV. To Deny Permission

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take no action, or to:

Parent Signature: _____ Date: _____

To Be Completed By Office

Date registration received: _____

Payment received: check # _____ cash _____

**HILLIARD CITY SCHOOL DISTRICT
STUDENT WAIVER OF LIABILITY AND ACCEPTANCE OF TERMS AND CONDITIONS
FOR ATHLETICS AND EXTRACURRICULAR PARTICIPATION AND USE OF BOARD FACILITIES**

Team/Activity: Intramural Sports Coach/Advisor: _____
Student Name: _____ Grade: _____
Address: _____ Phone: _____

In light of the COVID-19 pandemic and Ohio's Responsible Restart, the Ohio Department of Health (ODH) has authorized certain activities and athletic facilities to re-open and has not issued an order of closure at this time. Although not issued in an order, the Franklin County Public Health Department recommends that athletics and extracurricular activities are not held at this time, but leaves the ultimate decision to local school districts. While the Board cannot remove all risk of contracting COVID-19 while students, staff, and/or spectators gather, compete, or travel to other school districts for competition, it believes it can open athletics and extracurricular activities while following recommended ODH and OHSAA safety protocols so long as these activities are allowed to be open. Participation in student activities and/or the use of Board facilities is a strictly voluntary choice that should be carefully decided based upon individual and family health. Any participation is conditioned upon compliance with the following safety precautions and acceptance of the following terms and conditions.

1. Prior to participation or use of Board facilities or equipment, the Student will conduct a daily symptom assessment (self-evaluation) and will stay at home if experiencing symptoms of fever (100 degrees or higher), cough, shortness of breath or difficulty breathing, chills, muscle pain, headaches, sore throat, or new loss of taste or smell. The Student will stay at home if he/she has been exposed to any person who has tested positive for COVID-19 in the past fourteen (14) days.
2. The Parent/Guardian and Student understand that participation in the above-identified activity involves risks and dangers including, but not limited to accidents, illnesses, and death, including but not limited to COVID-19 and any related or derivative disease or condition. In exchange for the Board allowing the Student to participate in the activity, the undersigned hereby assume all risks of participation in the activity including those set forth above and release, discharge, and/or waive any and all liability, claims, damages, causes of action and/or demands against the Hilliard City School District Board of Education ("Board") and its employees of every kind and nature which may arise from or in connection with the activity. The undersigned further agrees to indemnify and hold harmless the Board and its employees from any claim arising out of or related to the Student's participation in the activity.
3. The Student will at all times of participation be covered by a current accident/medical policy.
4. The Student's participation in the activity is conditioned upon the Student complying with any and all federal, state, and Board rules and regulations, including but not limited to those related to health, safety, and/or the spread of contagious disease, including but not limited to COVID-19 and any related or derivative disease or condition and may be revoked at any time. The Student will comply with such rules and regulations at all times while present on Board property.

By signing below, the undersigned Parent/Guardian and Student acknowledge that they have read and understand the above terms and voluntarily accept them now and through the 2020-2021 school year.

Parent/Guardian Signature

Date

Student Signature

Date