

**PLEASANT VALLEY SCHOOL DISTRICT**

Brodheads ville, Pennsylvania

**2020-2021**

**INTRAMURAL ADVISOR APPLICATION**

*(To be forwarded to Building Principal)*

This application, is submitted by \_\_\_\_\_, for the position of Intramural Advisor for  
(Name of Applicant)

\_\_\_\_\_. The activity will run from \_\_\_\_\_ to \_\_\_\_\_.  
(Intramural Activity) (Date) (Date)

Sincere and active leadership must be provided to the program for at least 9 weeks and a total of 54 hours. After the completion of 54 hours, one (1) stipend will be distributed in the amount agreed upon in the supplemental contract. In the event an intramural does not meet the 54-hour requirement, payment will be distributed using the hourly intramural rate agreed upon in the supplemental contract. Payment will only occur after proper paperwork is submitted at the conclusion of the club/activity.

**BUILDING:** \_\_\_\_\_ **FACILITIES TO BE UTILIZED:** \_\_\_\_\_

**EQUIPMENT TO BE USED:** \_\_\_\_\_

**DAY(S):** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **ANTICIPATED # OF PARTICIPANTS:** \_\_\_\_\_

**DATE OF APPLICATION SUBMISSION:** \_\_\_\_\_

**ADVISORS**

Please list the advisors and/or volunteers that will be present during the intramural. If the intramural is anticipated to have more than 30 participants, co-advisors and/or volunteers need to be listed. Please indicate next to your name if you are a co-advisor or volunteer.

\_\_\_\_\_  
(Print Name) (Print Name) (Print Name) (Print Name)

**PAYMENT DISTRIBUTION**

Please indicate below how the full stipend should be distributed. If the stipend should be distributed to just the advisor, please sign (full stipend for one advisor). If the stipend should be split amongst co-advisors, all co-advisors receiving payment should sign (split stipend for co-advisors).

Full stipend for one advisor \_\_\_\_\_  
(Advisor Signature) (Date)

Split stipend for co-advisors \_\_\_\_\_  
(Co-Advisor Signature) (Co-Advisor Signature)

\_\_\_\_\_  
Co-Advisor Signature Co-Advisor Signature Date

**Approval: (Please sign & date)**

1. \_\_\_\_\_  
Building Principal Date
2. \_\_\_\_\_  
Director of Athletics and Activities Date
3. \_\_\_\_\_  
Assistant Superintendent/Assistant to the Superintendent Date

**Approval of the Board of Education:** \_\_\_\_\_  
(Date)

***At the conclusion of your intramural program, this form and its attachments (the intramural participation report and attendance record), must be completed and forwarded to the Director of Athletics and Activities.***

**PAYMENT DISTRIBUTION SUMMARY TO BE COMPLETED BY THE ADVISOR**

ADVISOR STIPEND @ \$ \_\_\_\_\_

CO-ADVISOR PARTIAL @ \$ \_\_\_\_\_

CO-ADVISOR PARTIAL @ \$ \_\_\_\_\_

CO-ADVISOR PARTIAL @ \$ \_\_\_\_\_

**OFFICE USE ONLY**

TOTAL TO BE PAID OUT FOR THIS ACTIVITY/PROGRAM NOT TO EXCEED THE FULL STIPEND:

\$ \_\_\_\_\_

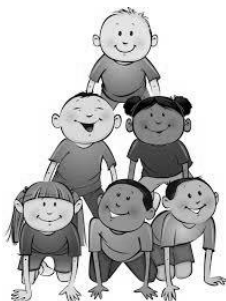
PAYMENT AUTHORIZATION:

\_\_\_\_\_  
Director of Athletics and Activities

\_\_\_\_\_  
Assistant Superintendent/Assistant to the Superintendent

## **INTRAMURAL PROCEDURES**

1. The intramural advisor will complete an application and submit it to the building principal at least three (3) weeks prior to beginning the activity.
2. The building principal and the Director of Athletics and Activities will indicate approval by signing the application and forwarding it to the Assistant Superintendent/Assistant to the Superintendent.
3. Once the intramural activity has been completed, the advisor must submit:
  - a. Participation report
  - b. Attendance report (roster, dates activity held, attendance on those dates)
  - c. The original application (kept in the athletics and activities office) with payment authorization signed by the Director of Athletics and Activities.
4. These items are then sent to the Assistant Superintendent/Assistant to the Superintendent for final approval.
5. The Assistant Superintendent/Assistant to the Superintendent will submit to the Business Office for payment.
6. The advisor may do up to three (3) intramurals per year, but not exceed three (3) with at least one (1) including participants from the intermediate level to develop interest and skills. Athletic intramurals can be done at any time of the year except during the season for that particular sport. If a coach or advisor is doing two (2) intramurals at the same time of year, then two (2) separate applications and two (2) separate sets of paperwork must be submitted.



Pleasant Valley School District  
**INTRAMURAL PARTICIPATION REPORT**



Date Submitted \_\_\_\_\_

In order to develop a district-wide participation report, please complete this form and submit with application form for payment at the conclusion of the activity to the Director of Athletics and Activities. Indicate any part of the program that was carried out jointly with other instructors and be sure to keep accurate attendance records during the season.

School: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Season: \_\_\_\_\_

Other Instructors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participants

# Boys \_\_\_\_\_

# Girls \_\_\_\_\_

**TOTAL #** \_\_\_\_\_



COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Pleasant Valley School District



INTRAMURAL ACTIVITY

STUDENT APPLICATION & PARENT/GUARDIAN CONSENT

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_
(Please Print)

I hereby make application to participate in \_\_\_\_\_
(Intramural Activity)

on \_\_\_\_\_
(Day(s) of the Week)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Parent/Guardian consent is required for student to participate in the above-named activity.

I agree to permit my \_\_\_\_\_, \_\_\_\_\_
Son/Daughter/Ward Student/Applicant Full Name

to participate in \_\_\_\_\_ on \_\_\_\_\_
(Intramural Activity) (Day/s of the Week)

I recognize that hazards may be encountered and neither the school nor any school authority will be held responsible in case of personal injury.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Telephone Numbers:

\_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK)

Parent/Guardian, please initial one of the following:

\_\_\_\_\_ I have already purchased school insurance for my child this school year.

\_\_\_\_\_ I have other insurance coverage as indicated below:

Name of Insurance Carrier \_\_\_\_\_

Policy/Agreement Number \_\_\_\_\_



Pleasant Valley School District  
**Intramural Attendance Sheet**

Name: \_\_\_\_\_

Intramural: \_\_\_\_\_

Position: \_\_\_\_\_

**ATTENDANCE DATES**

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE													