

Volleyball /Consent Form

My child has my permission to participate in this class.

Student's Name _____

Mother's Name _____ Father's Name _____

Mother/Guardian Work # _____ Father/Guardian Work # _____

Mother/Guardian Home# _____ Father/Guardian Home# _____

Emergency Contact Person _____ Phone # _____

Check if student has allergy asthma Medication needed at school, if any: _____

Please list any concerns we need to be aware of _____

Parent/Guardian Signature _____ Date _____

T-Shirt Size (Adult sizes) S M L XL