

**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**