
Permission Slip
Boys Modified Intramural Volleyball
Grades 6, 7 & 8

Boys Intramural Volleyball will begin the second Saturday of November, 11/14 under the direction of Brother Isaiah Rocine. Practice times will be given to the boys at a later date. **PLEASE** make sure your child is prompt to practices and **PLEASE** be responsible to pick up your child at the scheduled ending time. Thank you for your cooperation.

Please return this BEFORE THE FIRST SCHEDULED PRACTICE to the School Office. Please be aware that your child must have had a physical within the past 12 months in order to participate in this program. If you have any questions you can contact Brother Isaiah Rocine or Brother Joe Reitz.

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I give my son _____ permission to

Participate in the Modified Boys Intramural Volleyball 2009/2010 school year at Living Word Academy

Parental / Guardian Signature

Parent / Guardian Phone #'s

Home: _____

Cell: _____

Work: _____

In an emergency, if we cannot reach you, whom shall we call?

Name _____

Phone # _____

Below please list any medical conditions or medication(s) your child takes that we should be aware of. (Example: Epi pens, inhalers etc.)
