Permission Slip
GIRLS MODIFIED VOLLEYBALL
Grades 7 & 8

- ★ **Girls Modified Volleyball practices begins on <u>Saturday, November 7th.</u> Practices will be held every Saturday; practice times will be announced so encourage your daughter to watch for those announcements. <u>PLEASE</u> make sure your child is prompt to practices and <u>PLEASE</u> be responsible to pick up your child at the scheduled ending time. Thank you for your cooperation.**
- ★ **Also you will find attached to this permission slip a form from the school Health Office. <u>Please return both these forms to the School Nurse by Friday, October 30th as your daughter must be cleared to participate through the Health Office.</u> If you have any questions you may call the school at 437-6744.**

Coaches this year are: Sister Kristine Fernandez
Sister Tina Cerelli

I give my daughter _____ permission to

participate in the **<u>LWA Girls Modified Volleyball regular season</u>** this 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 # _____

Please return this permission & Health form to LWA Office NO LATER THAN 10/30!