

ATHLETIC PERMISSION SLIP

Due May 16, 2008

My child, _____, has my permission to participate in the WSCA Volleyball Program. The participant fee for this sport is \$60.00. I understand that this program will have a practice and game schedule and I am responsible for arranging my child's transportation.

I have also completed a medical release form, physical form (physicals are valid for 2 years) and a copy (front/back) of my insurance card for my child. I understand that all forms must be current and on file at the office before my child may participate in any WSCA sport.

I have also discussed with my child the privilege and responsibility of representing WSCA in extracurricular athletics and understand WSCA's academic eligibility standards.

Date

Parent Signature

I have included check # _____ in the amount of \$_____ to cover player fees.