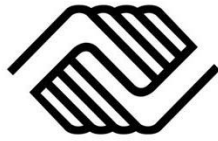


Check# _____
Date: _____
Amount: _____
Reg. Fee: _____
Donation: _____



**BOYS & GIRLS CLUBS  
OF MARIN AND SOUTHERN SONOMA  
COUNTIES**

**PERMISSION SLIP  
Youth Volleyball – 3<sup>rd</sup>-4<sup>th</sup> Grade**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

School: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Please circle one shirt size for your child:

<b>Childs' Shirt Size:</b>	Child S (6-8)	Child M (10-12)	Child L (14-16)	Child XL (18-20)
	Adult S (34-36)	Adult M (38-40)	Adult L (42-44)	Adult XL (46-48)

**Special Request:** *(Please note requests are not guaranteed)*

**Child Request** ("1" Child Request Only Please)

Name: \_\_\_\_\_ School: \_\_\_\_\_

**Coach Request:** \_\_\_\_\_

If you are interested in being a Coach or an Assistant Coach, please fill out the required Coaches form.

**PARENTAL AGREEMENT**

I, \_\_\_\_\_, understand that as a participant in the BGCMSSC youth volleyball program, my child will be practicing and playing games when Club staff may not be present.

I give my child *(Please Print Child's Name Clearly)* \_\_\_\_\_, permission to participate in **YOUTH VOLLEYBALL** with the Boys & Girls Clubs of Marin and Southern Sonoma Counties. I give BGCMSSC staff permission to transport my child to the nearest physician for observation and/or treatment in case of an emergency. If medical attention, other than basic first aid is required, a concerted effort will be made to contact the parent, guardian, or family doctor before any further action is taken by the Club staff. I agree to take responsibility for the following:

1. To make certain that my child's coach, assistant coach or other responsible adult connected with the team is present before I drop off my child. That said adult will assume responsibility for my child's supervision until my return.
2. To make certain that I will pick up my child before or at the conclusion of any practice or game.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_