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

**PERMISSION SLIP
Youth Volleyball – 5th-6th**

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:

Childs' Shirt Size:	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: _____