

O. L. H. M. S.
Intramural Volleyball Permission Slip



Participant's Name

I give my son/daughter permission to participate in the OLHMS Intramural Volleyball Program. IMVolleyball will meet on Tuesdays, beginning September 7th and will end September 28th. IMVolleyball will start after school at 3:30 PM and run until 5:00 PM. I am aware the program will end at 5:00 PM and if I am not at the school to pick up my child they will be put on the activity bus that will drop them off at their feeder school.

----- My child is in 6th Grade

----- My child is in 7th Grade

----- My child is in 8th Grade

Parent/Guardian Signature

Date

Contact Number

EMERGENCY CONTACT

-----/
Contact Name/Relationship

Emergency Contact Number