

**Oak Harbor School District**  
**Parent Permission for Participation in**  
**Elementary After School Sports Program**  
***Volleyball***

Dear Parent and/or Guardian,

The Elementary Physical Education teachers are continuing the co-ed after school sports program for all 4<sup>th</sup> grade students. Mr. Boyer will only be accepting the first 20 students due to space restrictions so please get your sign up sheets back as soon as possible. Students will have two practices to begin the season and will then have practices on Tuesdays and games on Thursdays against various Elementary schools. The first practice for volleyball will be on Tuesday, January 9<sup>th</sup> and January 16<sup>th</sup> from 3:20 p.m- 4:20 p.m. The first Game will be on Thursday, January 18<sup>th</sup> from 4:00 p.m- 5:00 p.m. A practice and game schedule will be sent home at the first practice.

**Parents will be responsible for picking up their child from school after practices and transporting them to games held at various Elementary schools in the district. Students who qualify may take advantage of the activity bus on Tuesdays only.**

Please complete and return to your child's Physical Education teacher, Mr. Boyer

I give permission for \_\_\_\_\_ Home Room Teacher \_\_\_\_\_

To participate in after school Volleyball on Tuesdays and Thursdays January 9<sup>th</sup>-  
February 15<sup>th</sup>.

I am interested in riding the activity bus, please place a check \_\_\_\_\_

I do not need to ride the activity bus. \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_

Student's Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_ E-mail \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions, medication information or allergies we need to be aware of:

\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

I understand every effort will be made to contact me to explain the nature of the problem prior to any treatment involved, however, in the event of injury or serious illness, I authorize a qualified physician/surgeon to examine and administer emergency care to the above named student.

**RELEASE:** In signing this release, I agree to absolve and hold harmless all sponsors, their officers and members, and any other parties connected with this event in any way from and against any blame or liability for any injury, misadventure, harm, loss, inconvenience, or damage suffered as a result of participation in these events.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone #