

MERCY CAREER & TECHNICAL HIGH SCHOOL

PERMISSION FORM

ACTIVITY: Girls' volleyball

LOCATION OF ACTIVITY: School gym and gyms of opponents

Home games are played at the Community Center at Visitation, 2646 Kensington Ave. Phila., PA 19125

DATES: Tryouts – August 28 – 31 3:15 – 5:15

Season runs from Sept. 6 to Nov. 14

TIME(S) ACTIVITY WILL OCCUR: 3:15 to 5:15 (later for games)

TRANSPORTATION: School van

TO THE PARENT/GUARDIAN:

1. Does this student have health insurance? Yes _____ NO _____

2. Name of Insurance Provider _____ Policy # _____

3. I hereby give permission for this student named below to participate in ALL competitive practices/games. I give my permission for travel to and from these programs. I am fully aware of her health condition and limitations, if any. I allow this student to receive any emergency treatment deemed necessary by the medical personnel designated by the program authorities.

I am aware that Mercy Career & Technical High School's school policy applies to all Mercy Career & Technical High School sponsored activities. I realize that precautions will be taken for the safety of the students and that adequate supervision will be provided. I further realize that by signing this form that Mercy Career & Technical High School, its faculty, and staff are not responsible for any unforeseen problems and are not liable for any accidents.

STUDENT _____
(Please print)

PARENT/GUARDIAN SIGNATURE _____

TELEPHONE NUMBER where a parent or guardian may be reached in the event of an injury or emergency _____