



**2024 Jr High School
Volleyball Tournament
Parent/Guardian Permission Slip**



Permission slips must be turned in by Monday, February 26th.

My son/daughter _____ has permission to participate in the **Volleyball Tournament on Thursday, February 29th**. The tournament runs from 2:45-4:30. I acknowledge that my son/daughter will need to be picked up ***promptly*** at 4:30 on Thursday, February 29, 2024.

(Parent's Signature) (Date)

During the activity, I may be reached at:

Name _____ Phone: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____

Relation to participant _____ Phone _____

\$5.00 Player Fee

★ \$5 per player. Fundraiser for JrHs Student Council.

★ Spectators are welcome! *Team Meeting at 2:45.*

★ *First match is at 3:00.*

★ Students must be with a teacher from 2 to 2:45. Students cannot stay in the cafeteria.

Name _____



Choose one of the following options.

Teams will consist of 6-8 students.

	Option 1	List 3 players you would like to have on your team. We will guarantee at least one person from your list will be on your team. First and Last Names Please. 1) _____ 2) _____ 3) _____
	Option 2	Free agent. We will assign you to a team.
	Option 3	Line referee.
	Option 4	Score Keeper