

Saint Ann School

**Permission Slip for Girls Volleyball Club**

Student name and grade

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

I give my permission for my child (Print your name) to attend SAS Girl Volleyball Club:

\_\_\_\_\_

My child will be picked up from school at 4:00 PM:

Yes \_\_\_\_\_ Child going to ASP \_\_\_\_\_

Person(s) Picking up your child:

\_\_\_\_\_

Phone number we can reach you at:

\_\_\_\_\_

Emergency Contact Information (Name/Phone number):

\_\_\_\_\_

\_\_\_\_\_