

# ST. FRANCIS DE SALES SCHOOL

September 6, 2019

Dear Parents/Guardians,

Volleyball season will be starting next week and your child has indicated that they wish to join the team.

The coaching staff is going to offer 2 after school clinics where all grade 5, 6, and 7 girls can attend. This will give your child the opportunity to have more touches on the ball and develop their volleyball skills.

The practice and clinic schedule is below. Please read the reminders below regarding practices and games.

Please promptly pick up your child at 4:15 sharp for all after school practices. Some after school practices may be cancelled for scheduled games. Students will be informed prior to these games.

Another notice will be sent out next week once game times have been finalized.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 am	Grade 6	<b>*Grade 7</b>		Grade 6	Grade 5
Lunch		Grade 6		Grade 5	Grade 7
3:15 pm	Grade 7	Grade 7	Clinic 5,6,7	Clinic 5,6,7	

*Schedule may be subject to change*

**\*GAME DAYS ONLY**

Please have your child return this informed consent slip below by Monday, September 9<sup>th</sup>. Looking forward to a great season!

Sincerely,  
Mrs. Knoll, Mrs. DiFrancesco, Miss Fernandes, Mrs. Markic, Mrs. Wagner and Miss Genio

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity and during transportation, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child. Students must return their signed informed consent form in order to participate.

Irene Wihak



**GIRLS VOLLEYBALL INFORMED CONSENT**

**Please return by Monday, September 9, 2019**

I give permission for my child, \_\_\_\_\_ in Gr. \_\_\_\_ to participate in all games and practices during this year's volleyball season and to travel by private car to games at other schools.

I understand that my child may be exposed to certain risks while participating in this activity and during transportation. Accidents and injuries may occur.  
Yes, I have read and understand the above letter regarding this activity and the risks involved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Parent/Guardian

Date