



PERMISSION SLIP

WOODBURY VOLLEYBALL TEAM/CLUB

I have read and understand all the rules and requirements of Woodbury's Volleyball Team/Club. I understand that there will be an after school bus leaving at 3:50.

Please sign below letting us know you have reviewed and understand the rules and expectations of the Woodbury Volleyball Team/Club. Also, indicate which means of transportation your child will be using. (ie after school bus, walk, ride from parent/guardian, etc.)

PLEASE PRINT

V-BALL PLAYER'S NAME _____

PHONE: _____ GRADE _____ HOMEROOM _____

MEANS OF TRANSPORTATION: BUS# _____ or Walk, Pickup _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Date _____

We are very excited to offer this fun club for our students at Woodbury.

If you have any questions please feel free to contact:
Mrs. O'leary-Stark stark_m@shaker.org, 216-295-4847
Ms. Lipovic lipovic_d@shaker.org, 216-295-5562