

Girl's Volleyball Permission Form

Dear Parent or Legal Guardian,

Your child is currently eligible to participate in the school sponsored volleyball program. This activity will take place under the guidance and supervision of personnel from Linton Hall School and/or parent volunteers.

The volleyball program for the 2015-2016 school year will consist of students *primarily* from grades 6, 7, and 8. A fee of \$125.00 is required. Payment should be made check payable to **Linton Hall School**.

If you would like your child to participate in this activity, please complete, sign, and return the following statement of consent and release of liability.

I request and give permission for my child, _____, to participate in the Linton Hall School volleyball program.

I hereby hold harmless and agree not to make a claim or bring any cause of action against the Diocese of Arlington, Benedictine Sisters of Virginia, Linton Hall School, its personnel, or its parent volunteers in the event of or because of some injury or accident occurring to my child.

I understand that I, as parent/legal guardian of the named child, will take full legal responsibility for any damages or injuries that may occur as a result of the actions of the named student.

I also authorize the school, its personnel, or its parent volunteers to take whatever action seems prudent or reasonable for the health of my child in the event of an injury occurring while under their supervision. This includes permission for medical treatment for the injury or illness if it seems appropriate to them. I agree to be financially responsible for the costs of that treatment, even if it eventually appears to have been unnecessary.

Printed Parent/Legal Guardian's Name

Primary E-mail Address

ALL Additional E-mails if any

Signature of Parent/Legal Guardian

Date