

Activity Form for Volleyball

Participants need the following before the first practice:

- ☐ signed Heads Up Concussion Form
- ☐ updated Physical on file in the office that is signed by parent
- ☐ \$25 activity fee to go with this signed activity form

Players will need to purchase knee pads and black spandex for their games.

Parents will be responsible for getting students to and from games.

Please contact the office if you are interested in using the activity bus after practice.

Students may be ineligible for competitions based on grades, behavior, and missed practices (see eligibility requirements and expectations form).

Please return this form to the office with the \$25 activity fee

(please print name)

has my permission to participate in Volleyball at Seton

We have read and understand the eligibility and practice expectations.

Parent Signature

Athlete Signature

Consent For Medical Treatment

Iowa law requires a parent's, or legal guardian's written consent before their son or daughter can receive emergency treatment, unless, in the opinion of physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on this form, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us)

Parent/Guardian Signature

Date