



# ST. MARY'S SCHOOL

8909 Mary Street, Chilliwack, BC V2P 4J4

Tel:604-792-7715; Fax: 604-792-7031

www.saintmarysschool.ca

November 4, 2021

Dear Parents/Guardians:

Your child has expressed interest in being a member of the Gr. 4/5 girls volleyball team. I am so excited to have the opportunity to work with your daughter in developing volleyball skills this season. Please note that we will have weekly games on Wednesdays and practices on Tuesdays after school until 4:00pm.

**Students will need to find transportation to the games this year as our busses cannot drive us. Students will need to be picked up at the game site location. We know our games will be on Wednesdays and I will send home game dates, times and locations as soon as I have them.**

Parents are welcome to come join us at the games if the host schools permit and must wear a mask in the school buildings. If you feel that playing on the team will work for your child, please sign and return the permission slip to allow your daughter to participate.

God Bless,  
Mrs. K. Choboter

I give permission for my child \_\_\_\_\_ to participate in girls volleyball for the 2021-2022 season.

In case of emergency, I can be reached at (phone number) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed name of Parent/Guardian

**This risk form is for Volleyball**  
**Please initial EACH item in the "Initial" box provided:**

<b>Item:</b>	<b>Initial :</b>
I have reviewed all safety and behavior expectations with my child.	
I am aware and understand that the ratio of students to adult supervisors is no greater than 13 to 1.	
I am aware and understand that the participation in this activity involves inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property.	
I am aware and understand that my son/daughter will not be under direct visual supervision the entire time (eg. washroom) but will always be under indirect supervision. I understand that Mrs. Choboter will make decisions for my child while he/she is under her care.	
Listed here are any injuries, illnesses, medical conditions (including allergies), or special needs which my child has which may affect participation in this field trip: _____ _____ _____	
I am aware and understand the risks associated with highway travel and understand that the students will be transported by private vehicle as per my own arrangements prior to the game days. These risks include but are not limited to: - Driver error - Vehicle malfunction - Distraction caused by a passenger resulting in an unsafe driving condition - Vehicle accident	
Both my son/daughter and I understand that the St. Mary's School rules apply on all field trips. Any inappropriate student conduct will result consequences, which may include suspension from school. Students engaging in these behaviors may be sent home at their family's expense.	
Accidents can be the result of the nature of the activity and can occur, with or without, any fault on either part of the student, or CISVA or its employees or agents, or the facility where the activity is taking place. I agree that, by allowing my son/daughter to participate in this activity, I am accepting the risks of an accident occurring, and agree that this activity, as described above, is suitable for my child.	

_____ <b>Parent/Guardian Signature</b>	_____ <b>Date of Signature</b>
_____ <b>Printed name of Parent/Guardian</b>	