

PERMISSION TO CARPOOL WITH A CASCADE VOLLEYBALL COACH

I, _____, hereby give permission for my daughter/son, _____, to carpool with Coach(es) _____ to and/from practices and tournaments for the 2008-2009 club year ***when no other transportation option is available.*** My daughter/son and I understand that she/he may not, at any time, be the single player in the vehicle with a Cascade VBC coach (except if the player is the daughter/son of the coach). All players will be required to wear seat belts. Parents are encouraged to arrange independent carpools and not rely on the coaches for transportation. Carpools arranged by parents are not a club function.

Signature of parent/guardian: _____

Date: _____

Signature of player: _____

Date: _____

PERMISSION TO RECEIVE MEDICINE FROM A CASCADE VOLLEYBALL FIRST AID KIT

I, _____, hereby give permission for my daughter/son, _____, to receive a non prescription pain killer medicine from the team first aid kit such as Aspirin (Bayer), Ibuprofen(Advil) or Acetaminophen(Tylenol) at practices and tournaments for the 2008-2009 club year. If there are types she/he can not have for any reason, they shall be listed here:

_____.

Signature of parent/guardian: _____

Date: _____

Signature of player: _____

Date: _____