

Permission Slip

This form is to be filled out for any player under the age of 18. NO player under the age of 15 will be allowed to play in this league.

I, _____ (Printed Name of Parent/Guardian),
parent or legal guardian of _____ (Printed Name of
Player) give my daughter/son/trustee permission to play Adult Summer Volleyball
and hereby release Watertown Volleyball, Inc., the Parks and Recreation
Department, and anyone else involved in conducting this event from any and all
claims arising out of my daughter/son/trustee's participation in this league.

(Signed Name of Parent/Guardian)