



Sub Zero Club Volleyball

'your chance to shine'

Permission Form

Name of Athlete: _____ has my permission to participate in the Volleyball Yukon excursion to _____ from May _____, 2009 for the ___ U Canadian Open Volleyball tournament.

Contacts during the activity: During the duration of the activity, I can be reached at:
Home Phone: _____

Work Phone: _____

I have read and understood the Sub Zero Travel Expectations and the Volleyball Yukon Code of Conduct. I authorize my child/ward to participate in the activity as described above.

Signature of Parent or Guardian

Participating Athlete

Date