



Bayview Community School

4102 West 16th Ave., Vancouver BC V6R 3E3

Ph. 604 713-5433

Bayview Community School Athletics Consent Form

Your child has chosen to participate in the Vancouver Elementary Physical Activity Association Athletics Program. They have chosen to play on the ____Senior Boys' Volleyball____ team. The league games are on Wednesdays after school from approx.3:30-5:00 pm. A detailed schedule of games and meets will follow. To have your son/daughter participate in this extra-curricular program is a privilege and therefore he/she must:

1. Exhibit sportsmanlike conduct towards teammates, competitors, coaches, officials and spectators.
2. Attend all games, practices and meetings as arranged by the coaches unless notified in advance.

Team uniforms are provided by the school. They will be handed out on game days and be collected after each game unless students provide a deposit cheque for their uniform/singlet. Travel is required to and from games, matches and meets. Students will be travelling with teachers, sponsors, coaches and parent volunteers. All drivers are required to fill out a Volunteer Driver Registration and Approval Form (available in the school's office). If you are able to help with driving please let your child's coach know as it would be greatly appreciated.

Please fill out the form below and return it to the school office.

I give my child _____ permission to participate in the Vancouver
(child's name)
Elementary Physical Activity Association Athletics Program and to participate on the
Senior Boys Volleyball team.

Student and Parent information

Student Name: _____ Grade: _____

Teacher: _____

Parent/Guardian Signature: _____ Date: _____

Parent contact information: Home phone: _____ Cell Phone: _____

Email: _____

Alternate Contact #1: Name and Phone Number: _____

Alternate Contact #2: Name and Phone Number: _____