

VALLEY CHRISTIAN ATHLETICS

Parent/Guardian Consent Form: Athletic Staff Communication Policy

Name of minor: _____ Grade: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

I, the parent/guardian of the student named above, hereby give permission for my child to be contacted by any member of their sport specific coaching staff via email, phone, and/or text messaging regarding team information.

Such information may include but not be limited to: game changes, practice changes, team meeting info, etc...

Sport: Please circle

Basketball

Football

Soccer

Tennis

Track

Volleyball

Printed Parent Name

Parent Signature

Date