

**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**