Dear Parents and Volleyball Participants,

Volleyball will officially begin Thursday, January 30. Girls will practice on Mondays and Wednesdays and boys will practice on Tuesdays and Thursdays until the late bus at 4:20, unless otherwise noted on the calendar due to meets. Please utilize our school’s website for meets and practice dates. We will send home a hard copy with your student athlete on the first day of practice. All distributed paperwork must be handed in to school prior to your son or daughter being allowed to practice. The transportation waiver below must also be filled out prior to the first practice.

**PLEASE NOTE:** There is a new policy of PAY TO PLAY in our district. All participants of any after school activity will be required to pay $25.00 to participate. You may pay with cash or by check made out to Allamuchy Township School.

I understand that my child is required to attend all practices, unless I provide a note to excuse his/ her absence. If my child will not be attending practice, I will notify the main office. I understand that the ATSD will conduct attendance to secure the whereabouts of volleyball students at 3:15. In this regard, the school reserves the right to remove non-compliant students from the program.

We look forward to a great season! If you have any questions, please feel free to contact us. Sincerely, Mr. Lohse blohse@aes.k12.nj.us Mrs. Cleere mcleere@aes.k12.nj.us

Return no later than January 15, 2020 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name) I understand that my child is required to attend all Volleyball practices indicated on the schedule, unless I provide a note to excuse his/her absence. If my child will not be attending practice, I will notify the main office. I understand that the ATSD will conduct attendance to secure the whereabouts of track students at 3:15. In this regard, the school reserves the right to remove non-compliant students from the program.

{ } My child has permission to ride the late bus.

{ } My child has permission to ride home with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{ } I will pick up my child at 4:20.

**I have read, signed and returned the following paperwork.**

{ }Sudden Cardiac Death in Young Athletes

{ }Sports Related concussion and Head Injury

{ } $25.00 Pay to Play

{ } Bus waiver Parent

signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_