

# **VOLLEYBALL CLUB**

**Dates:** February 12, 13, 19, 20, 26, 27  
March 4, 5, 11, 12,

**Time:** 2:30 – 4:30 p.m.



All athletes must have physical forms handed into Mrs. Pape **BEFORE** you come to any of the club dates.

Want to join? Just fill out the permission slip, have it signed, and give it to Miss Dempsey or Mrs. Tarnacki. Please include a \$25 check made out to **Black River Middle School**. (This payment covers participation in ALL BRMS Clubs)

Please be picked up **PROMPTLY** at 4:30 p.m.

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I give permission for my son/daughter \_\_\_\_\_  
(please print first and last name)  
to participate in the volleyball club.

Parent Signature: \_\_\_\_\_

**Please check one below:**

Fee attached

Fee paid - I have already paid the one-time fee.