



Mission Public School District is located on the Traditional, Ancestral, Unsurrendered, and Shared lands of the Stó:lō people, of Leq'á:mel, Semá:th, Máthxwi, Sq'éwlets and Qwó:ltl'el First Nations, stewards of this land since time immemorial.

January 14th, 2025

Dear Parents/Guardians of Grade Five and Six Students:

Your child has expressed interest in joining the **ESR Volleyball Team (Triple Ball Format)**. Practices will take place after school on Mondays and Wednesdays from 2:30pm to 3:30pm in the gym. As well as Fridays at Lunch. Our first practice will be at Lunch on **Friday, January 17th**.

There will be several **games after school** throughout the season.

The dates are: Thurs. Feb. 13th Thurs., Feb. 20nd Thurs., Feb. 27th

There will also be a Season ending Tourney on Thursday, March 6th after school.

All students will be expected to have **proper running shoes and gym strip** for practices and games. Volleyball knee pads and sweat bands are recommended. If you do not have a neon green ESR Shirt, school **Jerseys** will be available for a \$20 deposit before our first game on Feb. 13th. To be exchanged back after the March 6th Tourney.

If your child is unable to attend a practice or games due to **illness or injury**, please **contact one of the coaches** below by e mail. Players that miss more than 3 of the 14 Mon/Wed/Fri practices or games without permission may be asked to give up their team spot to others wanting to play.

Please note that the **permission slip below must be returned before** students are able to participate in Monday and Wednesday after school practices, and students must attend practices to participate in the games. Please keep the above portion of the Permission Form in order to remember all the important info. A Game Schedule will be handed out in Paper form as soon as it is available.

PARENTS ARE RESPONSIBLE FOR ARRANGING TRANSPORT TO AND FROM THE GAMES AND THE Tournament FOR THEIR CHILD.

Thank **you** so much for your support! We are really looking forward to another great season of ESR Volleyball with your child !!!

Mrs. Felistas Gariwa (felistas.gariwa@mpsd.ca), Mrs. Kathleen Griffin (kathleen.griffin@mpsd.ca), Mr. John Beckmann (john.beckmann@mpsd.ca)

My child, _____ has my permission to participate in the E.S. Richards Volleyball program as outlined above. I will ensure that my child has transportation to and from practices and games.

Parent Signature _____

Phone Number _____