

2012 ASB Volleyball Player Registration

Registration Deadline: January 13, 2012

CYO volleyball for boys and girls in grades 5 through 8 begins in early February, but ASB must pre-register our volleyball teams with the main CYO office before the end of January. Therefore, we **need all player registration forms no later than January 13th**. The player registration fee is **\$55.00 for each player**. This fee pays for CYO team fees and our volleyball equipment. If you plan to play on an ASB Volleyball team, please complete and return this form (2 pages) with a check made payable to ASB by **January 13th**. Please write the word "volleyball" on the memo portion of the check. Thanks!

Player's Name _____ Phone # _____

Address _____ ZIP _____

Birthdate ___/___/___ Girl or Boy Race _____

School _____ Grade _____

Catholic: Y or N Parish _____

Parent e-mail address _____

Parent Signature _____

If your child intends to play, please complete this form (2 pages) and return it along with the \$55.00 registration fee (payable to ASB School) to the ASB office (or in Wed. envelope) by January 13th.

Parents Interested in Volunteering for Volleyball (Optional, of course)

Parent Name _____

Daytime Ph. _____ Evening Ph. _____

____ Head Coach:

for grade _____ girls for grade _____ boys

____ Asst. Coach:

IMPORTANT – PLEASE NOTE

If registrations are received after the Jan. 13th deadline, students WILL NOT be guaranteed placement on a school team.

For insurance and liability purposes, this form must be on file with ASB School for your child to participate in practices and games.

Questions? Contact: Ceil Erickson, Volleyball Coordinator at ceilerickson@comcast.net

Assumption St. Bridget School

CYO Athletics

MEDICAL RELEASE FORM

To Whom It May Concern:

This is to certify that I, parent or guardian of _____, a player

for the 2011-2012 CYO Athletic _____ season,
(sport)

hereby grant permission to the adult manager, coaches, and business manager of the team to obtain medical care from a licensed physician, hospital or medical clinic, for the player named herein at such time either parent or guardian cannot be contacted in person or by telephone. This authorization shall include all Athletic activities: and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Assumption St. Bridget School, CYO, the organizer, supervisor, participants, and persons transporting the player to and from those activities, for claims arising out of injury to the player.

PRINTED NAME: _____ RELATIONSHIP: _____

SIGNATURE: _____ DATE: _____

ACCIDENT INSURANCE INFORMATION- THIS MUST BE COMPLETED TO ATTEND

All players must provide proof of insurance coverage for any injury or sickness while participating in CYO activities.

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

Does you child have any special medical needs (i.e. asthma, allergies to bee stings, foods, etc.)

EMERGENCY PHONE NUMBERS:

MOTHER'S WORK: _____ HOME: _____

MOTHER'S CELL: _____

FATHER'S WORK: _____ HOME: _____

FATHER'S CELL: _____

EMERGENCY CONTACT (Used in case parent cannot be reached:

Name	Relationship	Phone
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