

ST. PIUS X GIRL'S VOLLEYBALL REGISTRATION FORM

1. Player's Name: _____
(First) (Last)
2. Grade (school year 2009-2010): _____
3. Name of last year's coach (if participated): _____
4. Parent(s) Names: _____
5. Home phone #: _____ Cell phone #: _____
Emergency Contact w/#: _____
6. E-MAIL (active address you check daily): _____
7. Are you or someone you know interested in coaching or assisting?

8. Date(s) of summer camps or vacations: _____
9. Please list other commitments, including school activities, that conflict with our volleyball season and the scheduled days for these activities (for example: chorus, soccer, dance, tumbling, cheerleading, piano, etc.): _____

The child named above has my consent to participate in the St. Pius X Athletic Association activities. I hereby release the Association from liability for any injury that may result from such participation.

PARENT'S SIGNATURE _____ Date _____

Player/Parent Commitment (MUST BE SIGNED):

We have read and understand the Guidelines and Procedures for the 2009-2010 volleyball season. We also understand that during volleyball season (July 15-October 31) teams outside our program or other school sports should not be a priority over St. Pius volleyball practices or matches.

PLAYER'S SIGNATURE

PARENT'S SIGNATURE

T-shirt or Jersey Size - circle one: YS, YM, YL, AS, AM, AL, AXL

\$40 Registration Fee (family maximum of \$100)

Cash _____ Check # _____ (payable to St. Pius X Athletic Association)