ANNUNCIATION CYO 2017-2018 GIRLS VOLLEYBALL SEASON

REGISTRATION & AGREEMENT DEADLINE February 9, 2018

ATHLETE:_____DOB:_____AGE @ 8/1/17_____

SCHOOL:_____GRADE:_____ENROLLED IN CCD? Y N N/A

_____**No need for a new jersey, we have the uniform from last year**
_____**New UNIFORM SIZE Families are responsible for purchasing navy blue shorts (Additional $25)**
_____, _____, _____ **Uniform # Preference (Please provide 3 choices or one will be assigned)**
_____**PRACTICE JERSEY SIZE NEEDED (this is not additional, part of registration fee)**

Please view CYO Website for rules on Club Volleyball players to play CYO Volleyball.

DID YOU PLAY FOR ANOTHER PARISH LAST YEAR? IF YES, PARISH?:_____

FATHER'S NAME:_____CELL PHONE:_____

MOTHER'S NAME:_____CELL PHONE:_____

ATHLETE'S ADDRESS:_____

CITY:_____ZIP CODE:_____

HOME PHONE:_____ALTERNATE NUMBER:_____

EMAIL(S): _____

PRIMARY PHYSICIAN:_____PHONE:_____

EMERGENCY CONTACT:_____PHONE:_____
(We must have this Emergency Contact Completed)

* I, the parent/guardian of the athlete, agree that, I and the athlete, will abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. Recognizing the possibility of physical injury associated with volleyball and in consideration for Annunciation CYO accepting the athlete for its programs, I hereby release, discharge and/or otherwise Indemnify the Diocese of Stockton and Annunciation CYO and associated volunteers, including coaches, against any claim or on behalf of the athlete as a result of the athlete's participation in the program or being transported to or from the same, which transportation I hereby authorize. _____**Initials**

*As the parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a Duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to Preserve life, limb or well-being of my dependent. _____**Initials**

As the Parent or Legal Guardian, I understand participation is Mandatory (and APPRECIATED!) during home games and/or tournaments.
I agree to volunteer in one or more of the following areas:
_____ ***Team parent*** _____ ***Snack bar and/or Snack bar shopping,*** _____ ***Gymnasium supervision assistance.***

Please contact your Coach or CYO Athletic Director Jimmy Ryan 209.986.0522 pdajimryan@yahoo.com or Alvin Mudaliar alvin_mudaliar@yahoo.com

* As a Parent or legal guardian, I have read and understand and agree to all the statements listed above. _____**Initials**

Program registration fees (includes practice jersey): $125.00 for the 1st player; siblings $90 per player. An addition to the registration fee, if a jersey is in need of purchase, add $25 to the registration fee for a total of $150.
Please make checks payable to Annunciation CYO, memo Volleyball. Forms and payment can be dropped off at the Parish House 425 W. Magnolia Street, or mailed in to the Parish House ATTN: Matt Errecart

Signature of Parent or Guardian:_____Date:_____

FEE PD:_____CHECK #_____BAPTISM CERT:_____BIRTH CERT:___
ADDITIONAL PLAYERS PD W/ THIS CHECK: NAME:_____GRADE: _____
NAME:_____GRADE:_____NAME:_____GRADE:_____