

**SUMMERVILLE CATHOLIC /ST. JOHN THE BELOVED 2011 VOLLEYBALL  
REGISTRATION FORM FOR  
JR HIGH GIRLS TEAM (6-8)  
\*NEW DIVISION\* 5<sup>TH</sup> GRADE GIRLS TEAM**

This registration is for playing on a Summerville Catholic/St. John's volleyball team. The cost is \$75 for each child that is registering (**make checks payable to SCS sports program**). **SCS students or a child of one of the four supporting parishes of Summerville Catholic may participate in the volleyball program.** To register, fill out this form (one per child) and return it to Jean Fox, at the school or church office by Friday, August 19 2011.

**Volleyball Uniform Size (Circle One):** YS YM YL AS AM AL AXL (Players will also receive a pair of volleyball socks)

Division: \_\_\_5<sup>th</sup> grade \_\_\_Jr High team (6-8) (check one)

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_ Emergency Contacts: \_\_\_\_\_

Parish attending \_\_\_\_\_ School \_\_\_\_\_ Active in Religious education \_\_\_\_\_

**SPONSORSHIP**-if you are interested in sponsoring one of our volleyball teams please contact the Athletic Director, Jean Fox and she will let you know what will be required of you to do so. Please contact the school at 873-9310 ext. 23 or via email at [jfox@summervillecatholic.net](mailto:jfox@summervillecatholic.net)

Company \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical**-please list any concerns such as allergies, handicaps, etc that we should be made aware of:

\_\_\_\_\_

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**PARENTS AUTHORIZATION**

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) signature: \_\_\_\_\_

Parent(s)/Guardian(s) Name (printed): \_\_\_\_\_

**Notice: Make checks payable to SCS sports program and the last day for registration is Friday, August 19. NO REFUNDS once uniforms are ordered.**

**Academic Probation Policy on Sports Program Participation**

The mission of Summerville Catholic School includes "strengthening our students in spirit, mind and body." This statement indicates that the first priority is spiritual development, followed by academic achievement with the third area being physical health. Therefore, students who are not achieving academically, defined as having a grade of "**F**" in **two or more subjects**, will be ineligible to play in any game in the sports program during the four week period following the receipt of these grades. Grades are calculated approximately every four weeks with progress reports sent home at the four week mark of each quarter and report cards sent home at the end of each quarter. Once the next set of grades are calculated and sent home, if the student no longer has a grade of "F" in two or more subject areas, the student will then be eligible to play in games. Students are required to participate in practice during the period of ineligibility if they wish to play in games when they re-establish eligibility.