



SUMMERVILLE CATHOLIC REGIONAL SCHOOL 2019 VOLLEYBALL REGISTRATION FORM FOR GIRLS IN GRADES (5-8)

This registration is for playing on a Summerville Catholic volleyball team. The cost is \$140 for each child that is registering (**make checks payable to SCS sports program**) all payments must be paid at time of registration. If billed via FACTS, payments must be paid prior to the season starting. If payments are not received prior to the season starting, the student athlete will not be able to participate until paid. To register, fill out this form (one per child) and return it to Jean Fox, at the school's office by **Thursday, August 22, 2019**. **All new uniforms will be ordered, old uniforms WILL NOT be used due to they are no longer being made.** This year's state volleyball tournament will be held in Greenville, SC October 18-20.

Volleyball jersey and short size (Circle One): YS YM YL AS AM AL AXL

Division: **If there is not enough players for each division, we may need to combine both divisions.*

5th and 6th grade team: _____

7th and 8th grade team: _____

Player's Name: _____ **Grade:** _____ **Age:** _____ **DOB:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Parent(s)/Guardian(s) Name: _____ **Emergency Contact:** _____

Parish attending: _____ **School:** _____

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. 109 or via email at jfox@summervillecatholic.org

Company: _____ **Contact Name:** _____ **Phone:** _____

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

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.

Participation in SCS athletics is governed by all rules and policies of the SCS student handbook.

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 Thursday August 22nd. **NO REFUNDS** once uniforms are ordered.