



Volleyball Registration

Player Participation Fee = \$45 per student (this fee includes a new t-shirt that will have a new logo) (no other shirt will be allowed)

Participation Fee Max = \$45 for **one** student
\$90 for **two** students
\$10 for each additional student

Make checks payable to: Holy Family Athletics

Due Date: Fee, form and waiver are due no later than

Participant's (1) Name: _____
Current Grade: _____ (ex. 5th grade)

T-Shirt Size: Youth - S, M, L Women - S, M, L (if you are unsure of the size or do not see it listed please check here)

Participant's (2) Name: _____
Current Grade: _____ (ex. 5th grade)

T-Shirt Size: Youth - S, M, L Women - S, M, L (if you are unsure of the size or do not see it listed please check here)

Participant's (3) Name: _____
Current Grade: _____ (ex. 5th grade)

T-Shirt Size: Youth - S, M, L Women - S, M, L (if you are unsure of the size or do not see it listed please check here)



Liability Waiver

As a participant (or as a parent or guardian of a participant under 18 years of age) in the Holy Family Athletics track and field program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which may be sustained as a result of participation in any and all activities connected with or associated with the track and field program. I (as a parent or guardian of a participant under 18 years of age) agree to waive and relinquish all claims I may have as a result of participation in the program against the Holy Family Parish School and its officers, agents, servants and employees. I do hereby fully release Holy Family Parish School and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which the participant may have or which may accrue to the participant on account of participation in the track and field program.

I have read and fully understand the above track and field program details and Waiver and Release of all Claims.

Parent or Guardian Signature

Date

Home Phone: _____ **Cell:** _____

Email: _____

Preferred method of Contact: Text, Cell Phone, Home Phone, Facebook

Coaches – Is the parent/guardian interested in coaching a team? Yes _____ No _____.

If yes, **Note: All coaches, assistant coaches and volunteers of any kind from parishes in the Diocese of Peoria must be fingerprinted, compete a DCFS background check (CANTS), and attend the Safe Environment Training (formerly known as Protecting God’s Children program) prior to any involvement in the program. See Athletic Director for more information.**