

Catholic Youth Organization

Spring Volleyball Registration 2018

\$55 per player – Registration Due 2/15 – Games begin 3/6

3rd/4th Grade – Tuesdays; 5th/6th Grade – Thursdays; 7th/8th Grade – Tues./Wed.

Player's name: _____ **Gender:** ___ M ___ F **Age:** _____

Birthdate: ___/___/___ **School of attendance:** _____ **Grade:** _____

Parent Name: _____ **Phone:** ___ - ___ - ___ **Cell:** ___ - ___ - ___

Email: _____ **T-shirt size:** YS 6/8 YM 10/12 YL 14/16 AS AM AL XL

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Special Requests: Coach _____

I would like to be a coach: _____ **I would like to be an assistant coach:** _____

Emergency Contact: _____ **Phone:** ___ - ___ - ___ **Relationship:** _____

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right according to the Catholic Youth Organization.

I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting my child named above to participate in sports and/or activities, I release and hold harmless St. Peters, St. Francis Solanus, St. Dominic, Blessed Sacrament, the Catholic Youth Organization and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as in the Quincy Catholic Elementary Schools (St. Peters, St. Francis Solanus, St. Dominic, and Blessed Sacrament) CYO sports leagues during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Company _____

Address of Insurance Company _____

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

(Signature of Parent or Guardian)

(Date)

Please send all of these registration forms and payment to:

**Blessed Sacrament School
Attn: Lori Quevillon - CYO
1115 South 7th Street
Quincy, IL 62301**

Please make checks payable to Catholic Youth Organization (CYO)

Games will be played at K&L Arena!!!