

St. Patrick School Volleyball - 5th, 6th, 7th, 8th Grade Teams

Fall of 2018 –Registration Form Due August 1st, 2018

Registration is not finalized until full payment made.

For additional info call Rachael Jordan at: 251-752-2965 or email spsdaisies@gmail.com

Player's Name: _____

* AS IT APPEARS ON THE BIRTH CERTIFICATE

Preferred Name: _____ Email Address: _____

St. Patrick Student: _____ St. Patrick Parishioner: _____

Date of Birth: ____/____/____ Age on Aug. 1, 2018 _____ Grade: _____

****Please circle preferred contact number.**

Day Phone #: _____ Night Phone #: _____ Cell Phone #: _____

Accept text messages? Yes _____ No _____

ALL AGES COST: \$100.00

Circle One: Cash/Check **Payment:** Amount: \$ _____ Check#: _____

Make checks payable to St. Patrick's Parish.

Return to school or church ATTN: Rachael Jordan/Booster Club.

Parental / Guardian Release Agreement

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the volleyball program sponsored by St. Patrick Parish. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this volleyball program. I hereby agree to indemnify and hold harmless St. Patrick School and Parish, Volunteers, Officials, Coaches, and any Other Person affiliated with St. Patrick School and Parish for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the St. Patrick School/Parish Recreation Programs, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. I also certify that the date of birth listed above is correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print: _____ Date: _____

Shirt: Youth Adult Small Medium Large _____
Parent Initial

Uniform #: _____
(Preferred)

Volunteers needed. Circle one: Coach Assistant Shirt Size: _____

If there is not a coach for a team, that team cannot make. In this case, money will be refunded. Practices will be at St. Patrick School gym and games will be played at CYO gym in Mobile.

SPP Booster Club membership required to participate in St. Patrick's sports programs.