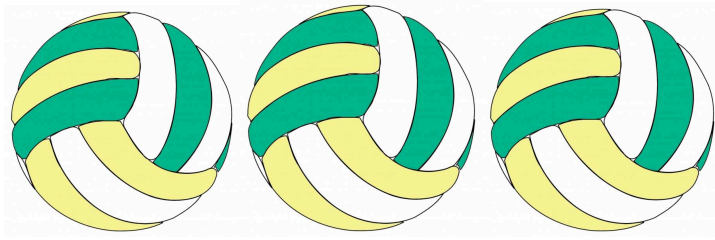


# ANNUNCIATION CYO 2016 GIRLS VOLLEYBALL REGISTRATION



Due Date: February 2, 2016 to the Parish House

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled in CCD? ☐ YES

\*\* YES, I am keeping my uniform from last year (initials) \_\_\_\_\_ What is your uniform #: \_\_\_\_\_

\*\* NO, I need a new uniform! Cost is \$30 for Jersey Size needed is: \_\_\_\_\_ 1<sup>st</sup> # Choice: \_\_\_\_\_ 2<sup>nd</sup> # Choice: \_\_\_\_\_

Did you play for another parish last year? ☐ Yes ☐ No If YES, Where? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Athlete's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

HOW WOULD WE CONTACT YOU?: ☐ e-mail ☐ text dad ☐ text mom ☐ home #

Primary Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

(Emergency Contact/Phone Required)

I, the parent of the athlete and I, the athlete, agree to abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. Recognizing the possibility of physical injury associated with volleyball and in Consideration for Annunciation CYO accepting the athlete for its programs, I hereby release, discharge and/or otherwise Indemnify the Diocese of Stockton and Annunciation CYO and associated volunteers, including coaches, against any claim by or on behalf of the athlete as a result of the athlete's participation in the program or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a Duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent. **As the parent, or legal guardian, I understand participation is mandatory, either as a team parent, or as a volunteer in the snack bar or for the gymnasium supervision duty on home games and tournaments. See your coach for details.**

As the parent or legal guardian, I have read and understand and agree to all the statements listed above.

**Registration : \$85.00 per player & \$75 for 2<sup>nd</sup> player.**  
**Make Checks Payable to: Annunciation CYO.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Baptism Certificate: \_\_\_\_\_ Birth Cert: \_\_\_\_\_

Players Paid with this Check: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_