HOLY SPIRIT ATHLETICS SIGN-UP SHEET

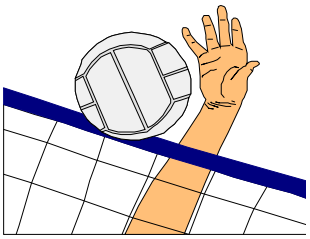
FEE*

Fee non-refundable after Team selection

$50

GIRL'S VOLLEYBALL

(MAKE CHECKS TO "HOLY SPIRIT")



PLEASE PRINT

NAME: _____ **CIRCLE ONE:** **MALE** **FEMALE**

AGE: _____ **BIRTH DATE:** _____ / _____ / _____ (mo / day / yr) **GRADE:** _____

ADDRESS: _____ **ZIP:** _____

PARENTS NAME(S): _____

HM PHONE: _____ **EMERGENCY PH:** _____

PARENTS EMAIL: _____ **PARENTS CELLULAR #** _____

SCHOOL ATTENDING: _____ **PARISH MEMBER:** _____

DOES CHILD HAVE ANY PARTICULAR HEALTH PROBLEMS WE SHOULD BE AWARE OF?

_____

_____

DOCTOR'S NAME & PHONE # (OPTIONAL) _____

_____

SHIRT SIZE: (cirle one)

Youth Med. **Youth Large** **Youth Xlarge**

Adult Sm. **Adult Med.** **Adult Large**

PARENT OR GUARDIAN SIGNATURE REQUIRED

I HEREBY RELEASE THE HOST FACILITY, THE HOLY SPIRIT ATHLETIC BOARD, AND ITS COACHES FROM ANY AND ALL LIABILITY FOR ANY EVENT OR CONSEQUENCE WHATSOEVER IN ANY WAY ARISING OUT OF OR RELATING TO MEMBERS PARTICIPATION IN CSAA OR HOLY SPIRIT ATHLETIC EVENTS WITH THE SINGULAR EXCEPTION OF LIABILITY ARISING OUT OF BAD FAITH OR WILLFUL MISCONDUCT.

IN CASE OF AN EMERGENCY DURING AN ATHLETIC ACTIVITY (I.E. GAMES, PRACTICE, OR TEAM FUNCTION), I AUTHORIZE A MEDICAL PHYSICIAN TO TAKE ALL NECESSARY MEASURES IN THE TREATMENT OF THIS PLAYER. THE SIGNATURE BELOW VERIFIES THAT THE PARENT OR GUARDIAN AGREES TO THIS CODE.

PARENT / GUARDIAN SIGNATURE _____

CHILD'S NAME: _____ **GRADE:** _____

GIRL'S VOLLEYBALL

ATHLETIC USE ONLY: CHECK # _____ AMOUNT _____ DATE RECEIVED _____ INITIAL _____ LATE FEE _____