
CO-ED : Open to High School Grades 9 through 12

PARENT'S INFORMATION

Parents or Guardian: _____ Grade: _____
Street: _____ City _____ Zip: _____
Primary E-mail address : _____
Secondary E-mail address: _____
Home Phone: _____ Cell Phone: _____

PARTICIPANT'S INFORMATION

Player's Name: _____ Date of Birth: _____
School Attending: _____
Health Concerns: _____

- Specify shirt size below:

Shirt Size (circle one): Youth: S M L XL Adult: S M L XL

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FEE

\$90.00 per child (2 - \$175.00, 3 - \$250.00)

Payment may be made by check or money order

Please make all checks or money orders payable to: ASSUMPTON BVM CYO

Registration may be mailed to: Assumption BVM Volleyball c/o Mike Gonglik, 1167 Haines Ave,
Oakford, PA 19053

Or

e-mail to mikeg3vball@verizon.net

Note: Please do not mail cash.

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USE OF IMAGES (optional)

I hereby give my permission for photos of my child to be displayed on the Assumption BVM Web Site

Signature of Parent or Guardian: _____ Date: _____

FOR INTERNAL USE ONLY

Check # _____ Money Order # _____ Cash: _____ PayPal: _____ Amount \$ _____

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Parent Commitment

I recognize and assume responsibility for all risks/hazards incidental to my child's participation in the program including transportation to and from the games and practices. I hereby waive, release, absolve, indemnify, and agree to hold harmless the Archdiocese of Philadelphia, Assumption BVM CYO, Assumption BVM parish and the organizers, sponsors, adult supervisors, participants and persons transporting my child to and from games, practices and all related activities, for and claims arising out of any injury to my child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by the accident liability insurance.

Signature of Parent or Guardian: _____ Date: _____

Questions call: Mike Gonglik 609-947-6146 (mikeg3vball@verizon.net)