**St. Catherine of Siena Parish**

**2019 ATHLETIC PROGRAM WAIVER FOR BLAZER VOLLEYBALL**

I request and hereby give approval for my child’s participation in St. Catherine of Siena Parish Athletic Volleyball Program; and I state that my child is in proper physical condition to participate in these activities.

I understand that participation in the volleyball program is determined by the order in which individual registrations are received; and that the number of participants is on a first come – first served basis limited by team size, gym time, and the availability of coaches.

Once a completed Registration Form and payment have been received and accepted, refunds will not be given except if there is not a team for that player to play on.

Do you give your permission for photographs of your child at practice or in games to be used in promotional materials for St. Catherine of Siena School and/or Parish?

Please check one: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

I hereby pledge to provide positive support, care and encouragement for my child participating in SCS Athletics by honoring the following conduct code: *I will encourage good sportsmanship by demonstrating positive support for all players, parents, coaches and officials at every practice and game. I will see that my child treats other players, coaches and officials with respect at all times. I UNDERSTAND THAT MY CHILD OR I CAN BE EXCLUDED FROM FUTURE PARTICIPATION IF THESE GUIDELINES ARE NOT FOLLOWED. Any report of inappropriate speech or actions toward a player, coach, parent or referee may result in disciplinary action.*

The St. Catherine of Siena Parish Athletic Program and its representatives have permission to have my child treated by a medical professional in my absence should they deem that necessary. I understand that in an emergency my child will be taken to the nearest hospital or medical facility as determined by EMT responders.

**I assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless St. Catherine of Siena Parish and School; and the directors, supervisors, coaches and other participants in the St. Catherine of Siena Parish Athletic Program for any claim arising from injury or illness which may directly or indirectly result from my child’s participation in activities of the St. Catherine of Siena Parish Athletic Program.**

Read, agreed and attested to by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian signature

Please print parent/guardian name clearly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_