

**St. Catherine of Siena Athletic Program’s 2019 Girls’ Volleyball Registration Form**

**Please turn in this completed form, the completed Athletic Program Waiver;**

**and payment in full via check to the Receptionist in the Parish Office.**

**Age Requirements**: 5th grade: A player must not have reached their 12th birthday prior to September **1st**

6th grade: A player must not have reached their 13th birthday prior to September **1st**

7th grade: A player must not have reached their 14th birthday prior to September **1st**

8th grade: A player must not have reached their 15th birthday prior to September **1st**

**Teams & League**: We play in the Catholic Metro Volleyball League (CMLV) which has two separate divisions or levels of play. 5th/6th Grade play is recreational; and 7th/8th Grade play is semi-competitive but is trending to the competitive level in recent years.

**Dates & Times:** Registration will begin on April 23rd and end on May 10th (1st come, 1st serve). Practice will begin the week of July 8th and will be held at Cobb Atlanta’s Volleyball Facility in Marietta until the first week of school; and after that in Herbert Hall. We practice 2 days/week, 1½ hrs/day. Matches will tentatively be held on: 8/10, 8/17, 8/24, 9/7, 9/14, & 9/21 at various parish locations. The End of Season Tournament will tentatively be on 9/28 & 9/29.

**Cost:** $150 per player and $125 for a 2nd daughter registering. Registration fees are non-refundable. One pair of spandex shorts & a jersey will be provided; the jersey is to be returned in good condition.

**Conduct:** SCS players, family, and coaches are representatives of SCS, and should behave responsibly. Anyone displaying unsportsmanlike behavior may be asked to leave the gym for the duration of the match. The Head Coach is responsible for everyone present who is associated with their team, and will aid in maintaining a positive playing environment.

**Physicals:** Are not required; but a parent must attest their daughter is in good health and physically able to participate in this volleyball activity.

***By signing below, I am stating that I have read, understand, & accept all conditions stated on this form.***

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ **2019/2020** **Grade**: \_\_\_\_\_\_\_\_\_\_\_ Parents Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Phone Numbers Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail address for volleyball communications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact in case of emergency: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Registration Deadline is Friday, May 10, 2019**. **Remember that this is “1st come, 1st serve”, so register early because team size is limited and teams are capped when full.**

Amount Paid: \_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_

Rec’d By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_