

HOLY ROSARY CYO REGISTRATION- Volleyball 2012

Coach: _____

Team: _____

Player's Name: _____ Age/GRADE: _____ Birthday: _____

Email: _____ Parish/School: _____

Home Address: _____ Race: _____

City/Zip: _____ Home #: _____

PARENT: _____ Work/Cell#: _____

PARENT: _____ Work/Cell#: _____

Emergency Contact: _____ Contact #: _____

Health Conditions/Physical Restrictions: _____

Medications/Allergies: _____

In case of emergency, I hereby authorize the ADULT in charge to seek any emergency care, transportation and procedure deemed necessary by a physician, due to injuries sustained while participating in the Holy Rosary Edmonds Athletic Program.

Parent Signature _____

Family Physician: _____ Contact #: _____

Medical Insurance Carrier: _____ Policy#: _____

Permission /Liability Waiver: I give my child _____ permission to play on the Holy Rosary Edmonds CYO team. I understand that I take full responsibility for my child's welfare and will not hold Holy Rosary Edmonds Parish or School, Catholic Youth Organization of the Archdiocese of Seattle, the current coaching staff, or the schools, practice fields and or gyms at which my child will participate, responsible for accident or injury sustained by my child.

Parent Signature: _____ Date: _____

Uniform Size: SMALL MEDIUM LARGE XL ~ ADULT SIZE / YOUTH SIZE

Volleyball FEE: \$75.00 per player

We are also asking for "Voluntary Contributions" for our CYO Scholarship Program. Please inquire with Bob Murphy for details 206-730-4794.

Please return your completed form and fees to your COACH, our School Office will not be accepting forms. Thank you, Jeana Murphy – 206-778-3114