

(Please Print Legible Below)

PRINT PLAYERS FULL NAME BELOW			ADDRESS	ZIP	PHONE #	BIRTHDATE MO/DAY/YR	PARISH OF REGISTRATION	SCHOOL ATTENDING	GRADE Sept. 1 st .
FIRST	MI.	LAST							

Queen of All Saints Registration Form (CYC Volleyball High School Level.)

Player: (Boy) or (Girl)

No concession stand duty required for this level.

- Grade Level starting school on **9/1/08** circle grade (9) (10) (11) (12)
- Father's name: _____ Mother's name: _____
- Is this child playing in another league, during this time, for this sport? (No) (Yes) Name of league _____
- What was your team managers name last year at Q.A.S. ? _____
- Is this child registered for PSR? No. Yes.
- Are you or your spouse willing to manage a team? Yes. No. Willing to coach? Yes. No.
- If you are the manager of the team, what is your email address? _____

Comments: _____

- Managing and coaching a CYC team requires that you attend a "Protecting God's Children" and "Coaching to make a difference" class and submit a "Child Abuse Form" to the rectory office for this season. Ask your sport director for details.
- No refunds will be given if QAS is able to place this registrant on a team even if it is not the team requested.
- Q.A.S. is not responsible for and does not maintain insurance to cover injuries incurred while participating in activities associated with QAS athletics. It is assumed that the participant's family maintains their own medical insurance to cover expenses due to injuries. **Parent or Guardian's Signature:** _____

FEE: One check is required. Make your checks payable to **Queen of All Saints.**

A service charge of \$20 is assessed for all returned checks. (Circle your fee below)

Registration Fee: 1 child \$75.00 2 children \$125.00 3 or more children \$150.00

Late registration fee after May 27: 1 child \$100.00 2 children \$150.00 3 or more children \$175.00

Uniform Deposit: None for this level

Concession Stand Deposit: None for this level

Registration Fee Amount: \$ _____ Check # _____

If paid on another child's registration form, please indicate name and grade: _____

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Player's name: _____

Grade: _____

Circle One: Boy Girl

Emergency Contact: _____ Phone # _____

Email Address to give to the Manager: _____