

(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 3-8th grade .)

Player: (Boy) or (Girl)

1. Please circle this child's grade for the 2008-2009 school year: circle grade (3) (4) (5) (6) (7) (8)
2. Father's name: _____ Mother's name: _____
3. Is this child playing in another volleyball league, during this fall season? (No) (Yes) Name of league _____
4. What was your team managers name last year at Q.A.S. ? _____
5. Is this child registered for PSR at QAS ? No. Yes.
6. Are you or your spouse willing to manage a team? Yes. No. Willing to coach? Yes. No.
7. If you are the manager of this team, what is your email address? _____

Comments: _____

- Managing and coaching a CYC team requires that you attend a "Protecting God's Children" class "Coaching to make a difference" 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:** _____

FEES: Three separate checks are 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 31: 1 child \$100.00 2 children \$150.00 3 or more children \$175.00

Uniform Deposit – Please post date check for Nov. 15, 2008: \$50.00 per child Check # _____

Concession Stand Deposit – Please post date check for Nov. 15, 2008 \$150.00 per family Check # _____

Registration Fee Amount: \$ _____ Check # _____

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

Player's name: _____

Grade: _____ Circle One: Boy Girl

Emergency Contact: _____ Phone # _____ Email for Manager use: _____

Uniforms sizes: (Circle below)

Shirts: Youth S (6-8) Youth M (10-12) Youth L (14-16) Adult S (34-36) Adult M (38-40) Adult L (40-42) Adult XL (44-46)

Shorts: Youth S (6-8) Youth M (10-12) Youth L (14-16) Adult S (34-36) Adult M (38-40) Adult L (40-42) Adult XL (44-46)