



Queen of Angels Athletic Association

VOLLEYBALL

REGISTRATION FORM

STUDENT-ATHLETE INFORMATION

Last Name:

First Name:

DOB:

Shirt Size:
(Circle One)

YS YM YL AS AM AL AXL AXXL

Grade

School/Parish

(Parent): Are there any physical or other restrictive limitations which the team, league and Queen of Angels should be aware of which might restrict the athlete's participation in the program?

Yes No If yes, specify:

FAMILY INFORMATION

Parent/Guardian #1 Name:

Cell Number:

Email Address:

Volunteer for:

Head Coach

Assistant Coach

Parent/Guardian #1 Name:

Cell Number:

Email Address:

Volunteer for:

Head Coach

Assistant Coach

Street
Address:

City:

State:

ZIP
Code:

REGISTRATION FEE INFORMATION

Registration fee paid: \$ _____ cash/check# _____

PARENT WAIVER AND CONSENT

My daughter/son has my permission to participate in competitive sports in the Queen of Angels Catholic School. I do hereby release and forever discharge the above mentioned team, and/or school/athletic association or their successors from any/all actions or suits in law or equity which I hereafter have by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports. I also understand that it is my responsibility to determine my child's physical and mental readiness to participate in the Queen of Angels Athletic Program for this season. I further certify that my child has had a physical during the past 12 months, administered by a licensed physician, and under no circumstances does my child have a medical condition(s) that would prohibit him/her from participating in the sport of basketball.

Print Name: _____ Sign Name: _____ Date: _____

Print Name: _____ Sign Name: _____ Date: _____