

ST. ALPHONSUS CYO VOLLEYBALL REGISTRATION FOR FALL 2007

The CYO Volleyball Program is available to all girls in the Parish entering 5th, 6th, 7th and 8th grades. The JV program consists of 5th and 6th graders and the Varsity program encompasses 7th and 8th graders. Since many girls like to play both CYO Soccer and Volleyball, we will work hard to schedule the games and practices so that the sports do not conflict with one another. The volleyball season runs from September to the end of October with practices beginning in August.

The deadline for registration **is June 15th**. It is important that we know the number of players before the end of the school year to determine our coaching needs and to complete scheduling in August. The cost is **\$65 for JV** (5th and 6th grade) and **\$80 for Varsity** (7th and 8th grade). Send in your registration form and payment to Kathy Tanner, c/o Ned Tanner, Grade 4, Mrs. Kriz, or mail to 1612 Norristown Road, Ambler, PA 19002. **Please make checks payable to St. Alphonsus CYO.**

If you have any questions, please do not hesitate to contact me.

Kathy Tanner (ktanner@comcast.net)

Child's Name _____ Grade in fall 2006 _____

Parents name(s) _____ , _____

Parent(s) email address (PRINT CLEARLY) _____ (Because of the number of girls involved in the program, most of our communication will be through email.)

Street address, town and zip _____

Home phone _____ Work _____ Cell _____

Date of Birth _____ School _____

Insurance Co. _____ Policy Number _____

My son/daughter _____ has my permission to participate in the St. Alphonsus CYO Volleyball Program. My son/daughter is physically fit to participate in this program. I agree to return any issued uniforms at the end of the season.

In case of a medical emergency and where I cannot be reached in advance, I give permission to the physician selected by the officers, directors, managers coaches and /or agents of the CYO to secure proper medical treatment for my child. I certify that my child is covered under the health insurance coverage listed above.

Parent/guardian signature _____ Date _____

This program can only be successful with your help. Please indicate the areas in which you would like to volunteer:

_____ Coaching or assistant coaching
_____ Snack Bar Mom or Dad (opening, closing, stocking, and/or overseeing sales)
_____ Administration

Note that all parents will be scheduled to work as line judges and scorekeepers during the season.

I want you to be aware of the following about my child (any concerns, questions):

