

# ST. WILLIAM VOLLEYBALL - 2010 Season

**Please Print Clearly**

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ Town/ZIP: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Eligibility Requirement: please check all that apply to you (must check at least one):

- Reside within St. William parish boundaries
- Registered St. William parishioner for at least 2 years
- Children attend St. William School
- Children attend St. William CCD

**Program Information:**

**CYO Travel** - \$80 per player - Open to girls in grades 6 and above. Teams in all grades will be determined through a tryout process.

The number of teams in CYO travel will be limited. Players not selected to a travel team will participate in Intramural Volleyball.

Two \$40 checks required at registration, the second check will be cashed after the tryout selections are made.

**Intramural Volleyball** - \$40 per player - Open to girls in grades 5 and above. All games and practices are held in the St. William gym.

For Intramural Volleyball, younger grades will be a league format, older grades will be an open gym format.

**Child Information:**

Child's Name	Date of Birth	Grade	School	Check only one box		Uniform Size *	Please note below the day(s) of the week your child is <b>NOT</b> available for practice and/or any medical concerns.
				Travel Tryouts	Intramural Only		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Notes: \* Uniform sizes: (Youth) YM, (Adult) AS, AM, AL, AXL (see samples available at uniform table)

**Please make checks payable to: St. William CYO**

**Please note: Jewelry (including earrings) is not permitted at practices or games**

**Kneepads must be worn by all players**

**Refunds** – No refunds after the first practice. Refunds prior to the first practice are subject to a 15% fee.

**Family discount** – 3<sup>rd</sup> child and each additional – 50% discount

I, the parent and/or guardian of the individual(s) listed above, do by my signature below authorize St. William the Abbot C.Y.O., its coaches, coordinators, or directors to render first aid, and/or seek additional medical treatment for my daughter in my absence, as is deemed appropriate. **I certify that all the information on this registration form is correct and truthful to the best of my ability and knowledge.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*White Copy – CYO*

*Yellow Copy - Participant*

{CYO use only}

Check No. \_\_\_\_\_

Amount: \_\_\_\_\_