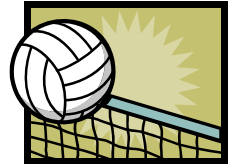




# 2009 REGISTRATION ST. PATRICK'S CYO VOLLEYBALL



For Girls Entering 5<sup>th</sup> Through 8<sup>th</sup> Grades In August 2009

Registration is **ONLY** open to:

- Corte Madera/Larkspur Residents
- St. Patrick's School Students
- Established St. Patrick Church Parishioners

The 2009 St. Patrick's Volleyball Season will begin the week of August 24. Coaches will notify all players of their team placement and practice schedule by August 15. Schedules for league play will not be available until the beginning of September. Usually teams will play a match each Sunday beginning the third week of September and will continue until mid-November. However, there may be some weekends in which matches are on both Saturday & Sunday. Teams have two (2) practices per week which are one and a half (1 ½) hours each. Players are expected to attend practices and missed practices may be reflected in a decreased amount of playing time at matches.

**Registration Fee: \$ 150 / Child**  
if received **by May 22, 2009 (deadline)**

**Late Registration Fee: \$ 200 / Child**  
if received **after May 22, 2009**

Registration forms received after May 22 are considered Late Registrations and must pay the Late Registration Fee. Late registrants will be accepted on a "Space Available" basis only. Due to limited coaches, there is no guarantee of getting placed on a team if you are a Late Registrant. Fees are non-refundable after teams have been formed.

**TRYOUTS** **Incoming 7<sup>th</sup> and 8<sup>th</sup> grade players** will have tryouts. There will be A and B teams for both 7<sup>th</sup> and 8<sup>th</sup> grade.

**TRYOUT SCHEDULE**  
**Sunday, May 31 at Hall Middle School Gym**  
**7<sup>th</sup> and 8<sup>th</sup> Grade Players Only**

7<sup>th</sup> Graders: 1:00 - 2:30 pm

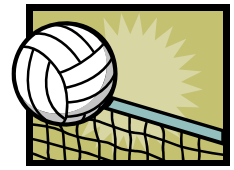
8<sup>th</sup> Graders: 2:30 – 4:00 pm

Tryouts are attended by **players only** and will be closed to parents and spectators.

**REGISTRATION DEADLINE:      MAY 22**



# 2009 REGISTRATION ST. PATRICK'S CYO VOLLEYBALL



PLEASE PRINT

Player Name \_\_\_\_\_ Home Tel \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall '09) \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Yes No**

- Is your family a registered active St. Patrick's Parishioner?
- Did your daughter play "club volleyball" in 2009?
- 7<sup>th</sup> and 8<sup>th</sup> grade players only: Is your child interested in B team play only?

**Uniform/Jersey Size:**     Extra Small     Small     Medium     Large

**T- Shirt Size:**     Youth Large     Adult Small     Adult Medium     Adult Large

### VOLUNTEERS ARE NEEDED

St. Patrick's CYO Volleyball Program is staffed entirely by volunteers. Please indicate below where you can assist the 2009 program.

- Coach                       Assistant Coach                       Scorekeeper                       Committee/Board
- Team Parent                       Line Judging                       Clinics                       Photos

### RELEASES:

I, the parent(s) (guardian) of the below listed child, hereby give my permission for his/her participation in the St. Patrick's CYO Volleyball Program. I agree to direct my child to cooperate and conform to the directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

I agree that in the event my child is injured, as a result of her participation in this program, including transportation to and from practice or games, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for her to participate in this program.

I, the parent(s) (guardian) of the below listed child, in the event that I cannot be reached in an emergency, hereby give permission for the St. Patrick's representative, or the assigned coach, to authorize, by their signature, whatever medical treatment is deemed necessary and appropriate by the attending medical personnel.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Return completed form & check (made out to):**

**St. Patrick's CYO Volleyball**

**114 King Street ♣ Larkspur, CA 94939**

Questions? Call Debbie Kristofferson at **924-9443** or email **debtayjack@yahoo.com**

**REGISTRATION DEADLINE:    MAY 22**

*For Internal Use*

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Sibling Name/Grade \_\_\_\_\_