

# Volleyball Registration

## St. Agnes Athletic Association Fall Registration Form

Athlete's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish: \_\_\_\_\_ School/RE: \_\_\_\_\_

Mother's  
Name: \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Father's  
Name: \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Email Address (Mother/Father) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Cell \_\_\_\_\_

Physician: \_\_\_\_\_

Please list any health conditions which the Coach needs to be aware of: \_\_\_\_\_

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I/We give permission to St. Agnes Catholic School to use my child's picture in the St. Agnes Parish Bulletin, Web site, and newspaper \_\_\_\_ Yes \_\_\_\_ No

**Disclaimer:** Having been informed of the organization of the St. Agnes Athletic Assn to provide supervised games for boys and girls, I/We, the parents of the above named child hereby give my approval to his/her participation in any and all activities during the current season. I/We assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/We do further hereby release, absolve and indemnify and hold harmless St. Agnes Athletic Assn., the organizers, sponsors and the supervisors any and all of them. In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities.

**Please note: Fee's must be paid by first game or athlete cannot participate in game or subsequent practices.**

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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Parent Volunteer Commitment: The St. Agnes Athletic Assn. requires participation by all parents to help make our programs successful. Every family is required to participate in both fundraising activities and Field Maintenance or Concession stand sales. Family members working in either Field Maintenance or the Concession Stand must be at least 18 years of age.

Parent Volunteer Time Commitment: **2 hours per player/family during season as needed.**

Each Team will need a parent Head Coach, Asst. Coach and Team Parent. If a Team does not have a Coach or Team Parent, the Coordinator will make every attempt to find volunteers within that team.  
Please understand that the Team cannot be formed without Volunteer Coaches and a Team Parent.  
**(Parent Coaches will be provided training and assistance as needed)**

Parent Coach Volunteer Name: \_\_\_\_\_

Team Parent Volunteer Name: \_\_\_\_\_

Registration Fees: \$125

Check Payable to: St. Agnes Athletic Assn.  
Mail to: St. Agnes Catholic School  
1501 Chicago Road  
Chicago Heights, IL 60411

Total: \$125.00

Paid: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Signature of Parent or Guardian:

STA Athletic Association

\_\_\_\_\_

\_\_\_\_\_

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

For more Soccer information or to contact us via email:  
[athletics@saintagnes.us](mailto:athletics@saintagnes.us)