

**ST. PETER'S VOLLEYBALL REGISTRATION**  
**Grades 5-8 GIRLS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Month Day Year

Father's Name \_\_\_\_\_ Work Phone #( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone #( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Any medical restrictions \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Did you play last season? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, at what school \_\_\_\_\_

2011-2012 Grade level \_\_\_\_\_

**Consent for Medical Treatment (Minor)**

As parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date  
(OVER)

**Mansfield St. Peter's CYO Release of Future Claims**

As used herein, the term "released parties" refers to St. Peter's Elementary School, St. Peter's Parish, The Diocese of Toledo, and their officers, directors, agents, teachers, coaches, and volunteer workers. "You" and "your" refer to the child named below and the parent or legal guardian whose signature appears below.

In consideration of the released parties, allowing you to participate in the 2011-2012 Mansfield St. Peter's CYO athletic events, you hereby agree you will not hold the released parties liable for any accident, injury, death, or loss of property suffered by you while attending Mansfield St. Peter's CYO Athletic events.

My child's full name is \_\_\_\_\_ . I am the legal guardian or custodial parent.

Parent/Guardian signature \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Date \_\_\_\_\_

**NON-REFUNDABLE REGISTRATION FEE IS \$45.00**

**Please make checks/money orders payable to "ST. PETER'S CYO." Registration form and fees are due by Monday, June 6, 2011. A fee of \$15.00 will be charged for late registrations until Monday, June 13, 2011. No registration will be accepted nor will any athlete be added to any roster after Monday, June 13, 2011.**

**No registration will be processed without the registration fee.**

**Registrations can be dropped at the Elementary or High School Offices, or at the Parish Center.**

**Call Bob Keller at 419-571-4398 for details or any questions.**