

St. Ambrose Athletic Association Registration Form
2011 Volleyball Registration Form

*****Please Print Legibly***Please Print Legibly***Please Print Legibly*****

Child's Last Name: _____

Child's First Name: _____

Address: _____

City, State, and Zip: _____

Birth Date: _____

Phone #: _____

Gender: _____ M _____ F

Grade CURRENTLY _____

Parish of Registration: _____

School Attending: _____

Parish of Residence: _____

Parent's Names: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Relationship: _____

Address: _____

Email Address _____

Phone: _____

List any medical conditions of the child: _____

\$15.00 Registration Fee per child **IF PAID BY May 16, 2011** _____

\$30.00 FOR ALL REGISTRATIONS PAID AFTER May 16, 2011 NO EXCEPTIONS

*******\$30.00 Charge on all returned Checks*******

TOTAL FEES INCLUDED: _____ Check Number: _____ Amount: _____

I would like to coach _____

My child also plays select volleyball during the season _____

I agree to return all uniform items in good condition, or will pay to replace items at \$50 each. This represents the Uniform Return Agreement listed on the association web site.

NOTE: There exists the possibility that for any particular grade in any sport that we do not have enough athletes registered to field a complete team. When this occurs, the Athletic Association has the option to place athletes on teams from neighboring parishes. If this instance occurs with your athlete, please indicate below your preferences:
____ YES indicates that the Athletic Association may place the athlete on another team with a neighboring parish.
____ NO indicates that if St. Ambrose is unable to field a complete team, the athlete does not wish to participate in this sport for this season.