

INDIVIDUAL PLAYER REGISTRATION FORM



2015-2016 CYO GIRLS VOLLEYBALL

"A league partnership between Diocesan Schools and the Baton Rouge CYO Office"

SCHOOL [2015- 2016]: _____

Head Coach: _____ Complete Team Name: _____

Player's Name: _____ Birthdate: _____ Grade: _____ [2015-16]

PARENTS/GUARDIAN:

Name: _____

Address: _____

City: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PLEASE NOTE:

Baton Rouge CYO does not charge or obtain accident insurance for youth sports programming. Coaches are instructed to insist that participants be covered under a family insurance program before allowing participation.

PARENTS/GUARDIAN SIGNATURE: _____

This form **must** be completed with parent/guardian signature and filed ASAP with Head Coach/Athletic Director to be eligible to participate in the 2015-2016 CYO Girls Volleyball League.

Admission policy: \$4.00 per adult and high school student

(FOR CYO OFFICE USE ONLY)

Date Filed: _____ Received By: _____

Notes: _____