

INDIVIDUAL PLAYER REGISTRATION FORM

2010-2011 CYO School Based Girls Volleyball

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



www.brcyo.org

LEAGUE (check appropriate blank): ___ 5th Grade ___ 6th Grade ___ 7th/8th Grade

Head Coach: _____ Complete Team Name: _____

Player's Name: _____

Birthdate: _____ Grade: _____ School [2010-2011]: _____

PARENTS/GUARDIAN:

Name: _____


Address: _____

City: _____ Zip: _____

Home Phone: _____ Work 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 2010-2011 CYO School Based Girls Volleyball League.

Admission policy: \$3.00 per adult and high school student

(FOR OFFICE USE ONLY)

Date Filed: _____ Received By: _____