



Girls Volleyball Registration Form

Please Print Clearly

Student's Name: _____
Grade: _____ Birth Date: _____
Address: _____
Parent's Email: _____
Home Phone: _____
Mother's Name: _____ Mother's cell: _____
Father's Name: _____ Father's cell: _____

Registration Fee: \$65.00 per child
This MUST be paid prior to participation.

Make checks payable to: **St. John Paul II R.S.** Indicate Athletics in memo.

Amount Enclosed: \$ _____ Check # _____ Cash: _____
T-shirt size: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____

Insurance Information – You MUST selection one of the options below:

Insurance compliance is a mandate of the Diocese.

_____ I have reviewed my automobile policy and find that I am covered for a minimum of \$100,000/\$300,000 in liability. This enables me to participate in any team car pool to and from an athletic event.

_____ I do not wish to participate in any car pooling to and from any athletic event.

Your signature gives your child permission to participate in these activities.

Parent/Guardian Signature: _____ Date: _____ \

****This must be accompanied by Medical Forms ****
All Forms are available online www.jp2rs.org

Completed forms must be sent to Athletics, Main Office.

Contact SJPII Athletics at athletics@jp2rs.org with questions.