



## 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: \$125.00 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](http://www.jp2rs.org)**

*Completed forms must be sent to Athletics, Main Office.*

**Contact SJPII Athletics at [athletics@jp2rs.org](mailto:athletics@jp2rs.org) with questions.**