

2008-2009 SCHOOL YEAR
ST DOMINIC SCHOOL ATHLETIC ASSOCIATION
www.stdominicathletics.org
420 E. Briarcliff Road,

VOLLEYBALL REGISTRATION FORM



DUE May 31, 2008

Bolingbrook, IL 60440

Girls/Boys DPL
 Volleyball (Fall 2008)

PLEASE PRINT

I _____ I _____ I _____ I _____
Students name Date of Birth GENDER (M/F) GRADE 2008-2009

I _____ I _____ I _____
Address City Zip Code

I _____ I _____ I _____
Legal Guardian/Fathers Name Phone # Cell Phone #

I _____ I _____ I _____
Legal Guardian/Mothers Name Phone # (if different) Cell Phone #

I _____ I _____ I _____
Fathers Email address (required) Mothers Email address (required)

Note: Insurance is required for Participation.

I _____ I _____ I _____
INSURANCE CO. Policy Holder Name Policy No. (NO SSN)

I _____ I _____ I _____
Doctor's Name Doctors Phone #

Allergic to medication or other (circle one) NO YES

If YES, what?

Any medical/non-medical problems we need to be aware of?

Volunteer information

HEAD COACH _____ ASSISTANT COACH _____ WORKER COORDINATOR _____

GENERAL PERMISSION (JOLIET DIOCESE)

I hereby give permission for my child/minor in school grade noted above to participate in the St. Dominic Sports Program for the school year noted above. I hereby release and indemnify St. Dominic, its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the Program.

PARENT'S MEDICAL AUTHORIZATION (JOLIET DIOCESE)

In case of emergency, if a family doctor cannot be reached, I hereby authorize my child/minor to be treated by paramedics, emergency Room physicians or other Physicians. I grant permission for the administration of "first aid" to my child by the people in charge of the Sports program or sporting event, and those transporting my child to/ from the program, as their judgment deems advisable, and to make necessary referrals to qualified physicians for treatment of illness or accidents of more serious nature. I understand I will be promptly notified in the event of any serious illness/accident and prior to any major surgery, except when delay in such and all communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the Parent/Guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

WAIVER & DISMISSAL (ST. DOMINIC)

I hereby agree to waiver and forever discharge all claims for injury, loss or damages to the St. Dominic Athletic Association, St. Dominic School and St. Dominic Parish, that my minor child (or accrue to me or my child) as a result of participating in the program. I understand that the St. Dominic Athletic Association has the right to refuse anyone from participating in the program and that the St. Dominic Athletic Association can dismiss anyone from the program if so determines during the season.

UNIFORM, FEES & CONDUCT (ST. DOMINIC)

I hereby accept financial responsibility in the amount of **\$100** for the repair/replacement of the School Uniform if it is lost or damaged. **I agree to follow the registration fee for St. Dominic Athletics as part of the St. Dominic School tuition and fee policy as outlined in the St. Dominic School Handbook.** I have read and agree to follow the Parents Code of Ethics outlined in the St. Dominic Athletic Association Handbook. The handbook is located on our web site www.stdominicathletics.org

PARENT/GAURDIAN (PRINT)

PARENT/GUARDIAN NAME SIGNATURE

-----St Dominic Athletics Volleyball Association Use Only-----

Fee (55,85,95,105) _____	Fee Schedule per sport: (\$55 – 1 child), (\$85 – 2 children), (\$95 – 3 children), (\$105 - 4+ Children)
Late Fee (+50) _____	Late Fee - Late Registration after : VB 5/31/08 \$50 late fee
after 5/31/08 _____	Amount Paid: \$ _____ Date _____ Received by _____
Total Fee Due \$ _____	Check # _____ Cash Receipt # _____

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