



**HOLY ROSARY**  
CATHOLIC SCHOOL

**HOLY ROSARY SPORTS PROGRAM CONSENT AND REGISTRATION FORM**  
**VOLLEYBALL, FALL SOCCER, AND BASKETBALL**

**REGISTRATION FEE IS \$85.00 PER SPORT PER STUDENT. ONE FORM PER STUDENT.**

Upon receipt of this completed form, your fee will be invoiced and paid through your FACTS tuition and fees account. The invoice will be emailed to the address on your FACTS account.

Please check the sport(s) you are participating in: \_\_\_\_\_ Volleyball (4th-8th grade girls)  
\_\_\_\_\_ Fall Soccer (4th-8th grade boys/girls)  
\_\_\_\_\_ Basketball (4th-8th grade boys/girls)

Student's Full Name: \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_

Address/City: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**PARENT'S/GUARDIAN'S CONSENT**

I hereby give approval for participation of my child in the above Holy Rosary Catholic School sport and affiliated association or league activities, and I assume all risk and hazards incident to such participation including to and from said activities, waive, release, absolve, indemnify and agree to hold harmless Holy Rosary Catholic School Directors, Teachers, Coaches, participants, and persons or parents transporting participants, to and from such activities from any claims of injury to my child.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Guardian's Printed Name