



HOLY ROSARY
CATHOLIC SCHOOL

HOLY ROSARY SPORTS PROGRAM CONSENT AND REGISTRATION FORM
VOLLEYBALL
4th-8th Grade Girls

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

Please complete and return this form to the school office. Your fee will be invoiced when the season begins and you will be asked to make payment through your FACTS financial account. The invoice will be emailed to the address on your FACTS account.

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

A sports physical must be conducted on June 1st or later of the current school year of participation.

(June 1, 2026 or later for the 2026-2027 school year only)