

Girls Volleyball Sign Up Information

Deadline for Registration has been extended to August 3rd, 2009 to accommodate the addition of 3rd Graders to the program.

Who is eligible to play: 3th through 8th Grade Girls in the 2009-2010 school year.

To be eligible to play in the Parochial League Sports Program, each athlete must either attend Our Lady of the Presentation School or are registered and have acceptable attendance in CCD classes in one of the three Catholic Churches in Lee's Summit.

Registration Fees are as follows:

- Individual \$70.00
- Each additional Sibling \$50.00

To register you will need to:

1. Complete one Registration and Medical Release form for each player
2. Complete the "Permission to Participate" form for each player
3. Make one check for all family members payable to "Presentation Sports"
4. Mail the registration packet to:

Kathy Hunter
Presentation Sports Program
424 S.W. Waterfall Court
Lees Summit, MO 64081

YOUR DAUGHTERS' REGISTRATION WILL NOT BE CONSIDERED UNTIL ALL OF THE FORMS ARE COMPLETED AND SENT IN WITH YOUR CHECK. REMEMBER, THE DEADLINE TO SIGNUP IS August 3rd, 2009.

Mail your forms early. We plan to send out an email providing the details of open gym sessions.

Practices for all grades are anticipated to begin the week of August 24th. Practices will be in the Gym and are one or two days per week, depending upon the coach's availability and game schedules. Games are expected to start the week of September 14th, 2009. Historically, Grades 4th and 5th played on Sundays, 6th and 7th on Saturdays, and 8th grade played on Tuesdays and Thursday. Depending upon the number of schools with 3rd grade teams, they are expected to play on Sundays. Specific dates, times and gym locations will be available from the league the first week in September. The season will end for all 5th thru 8th graders with a city tournament in Mid-November with all games completed before Thanksgiving.

Your coach will contact you approximately one week prior to practice beginning.

DESPERATELY NEEDED: ENTHUSIASTIC PEOPLE TO COACH A TEAM!

Please feel free to contact Kathy Hunter at 816.554.0832 or khunter@kc.rr.com if you have any questions.

Our Lady of the Presentation Sports Program
 Volleyball Registration and Medical Release
 (Please complete one form per player)

Player Name _____ Phone _____
 Street Address _____ Email Address _____
 City _____ State _____ Zip _____
 School _____ Grade _____ Birthdate _____
 If you do not attend Presentation school, where do you attend Religious Ed ? _____
 Parent/Guardian _____ Work or Cell _____
 Parent/Guardian _____ Work or Cell _____
 Health Insurance Provider _____ Group Policy # _____

Practice, lesson, or other conflicts in schedule (We do not guaranty that we can accommodate this)

Event _____ Days _____ Time _____
 Event _____ Days _____ Time _____

Parents Participation Please remember that this program is a volunteer program. The fees cover the out of pocket costs of the program, diocese, officials, etc. All parents need to volunteer at time to set up and break down the court for practices and games, collect entrance fees, work or cleanup the concession stand on the day of your child's home games. This generally includes time prior to and/or after your child's game time. Your coach will coordinate your daughter's volunteer schedule. Please make this enjoyable for all by contributing your fair share.

Please write your name next to all areas that you would like to help with:

Coach		Assistant Coach	
Team Volunteer Coordinator		Team Uniform Coordinator	
Scorekeeper		Line Judge	

My child, _____ has my permission to participate in the Parochial League volleyball program. I approve of the coaches and recognize that they are serving to the best of their ability. I understand that participation in this program is voluntary and academics and/or disruptive, abusive or unsportsmanlike behavior could affect eligibility of my child to play. I also understand that participation in any athletic activity can be dangerous and presents the potential for serious injury. This is especially true for less experienced and less well conditioned athletes such as grade school students. I certify that the participant has full medical insurance with the company listed above. The school, church and/or diocese is not expected to be financially responsible for any injury sustained during participation in the sport. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above. If during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

Signed _____ Date _____

EMERGENCY CONTACT IF PARENT / GUARDIAN IS NOT AVAILABLE

Name _____ Phone _____
 Mobile or Pager _____ Hospital _____
 Doctor's Name _____ Phone _____

Please confirm that all immunizations for _____ are current. Yes__ No__

Participant

Health History	Yes	No	Date	Please elaborate if possible to aggravate
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital Problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Ankle Injury	_____	_____	_____	_____
Back Injury	_____	_____	_____	_____
Head/Neck Injury	_____	_____	_____	_____
Shoulder Injury	_____	_____	_____	_____
Elbow Injury	_____	_____	_____	_____
Wrist Injury	_____	_____	_____	_____
Hand Injury	_____	_____	_____	_____
Finger Injury	_____	_____	_____	_____
Other Injury	_____	_____	_____	_____

Height _____

Weight _____

Is there any psycho-social or physical condition for which the participant is currently under professional care? Yes_____ No_____

Is the participant currently taking any medications? Yes_____ No_____ If yes, please name the drug(s), dosage, and frequency needed:

List any known allergies:

Please elaborate on any medical conditions we should be aware of:

Please list any injuries the participant has suffered in the last two months:

DIOCESE OF KANSAS CITY – ST. JOSEPH
Permission to Participate

Name of Student _____

Name of School _____

Academic School Year _____ Grade _____ Birth Date _____

Sport(s) for which Permission to Play is Granted
(please circle all the sports your child will participate in this school year):

Football Basketball Volleyball Track

I, the parent/guardian of _____, request that the
Name of Student

School allow Student to participate in the sport(s) circled above. We understand that the School will attempt to provide reasonable supervision for Student. However, we also understand that injuries may occur or other health issues may arise during athletic practices or competitions; these injuries may, on rare occasions, be serious or even fatal.

In consideration for providing Student with the opportunity to participate in this/these sport(s), I hereby release and hold harmless the Catholic Diocese of Kansas City – St. Joseph, the School, their employees and volunteers from any liability for any injury that Student may sustain while participating in such activity.

Signature of Parent/Guardian

Date