



VOLLEYBALL REGISTRATION -2016

Child's name: _____ Grade: _____

Parent name: _____

Phone number: _____

Parent Email: _____

I am interested in coaching: Head Assistant

Please attach fee made payable to JLCCS to this sheet:

\$85.00

Sport Season: September-November 2016

Please note: Parents are required to volunteer at the concession stand during home games. You will not be asked to help during your child's game, but rather during one of the other grade level games. A sign-up sheet will be made available at the next mandatory parent meeting.

Registration is due by Friday August 19th
to the school front office.

By signing below, I am granting permission for my child to participate in the above listed sport. I understand that my child will not be able to participate in the sport unless he/she meets all requirements outlined in the Student & Parent Handbook and has submitted a current physical examination completed within the last year from the registration date. I have also read and agree to abide by the guidelines of the DPL Handbook. Failure to return equipment at season end will result in loss of privilege to participate in future DPL sponsored sports. While participating in a DPL sport, an athlete may have a picture taken and may have it posted on the DPL website by a DPL photographer. If you do not want your child's picture taken, please contact the Athletic Director after registering for a sport.

Parent Signature

(Over)

**James L. Collins Athletics 2016
PARENT CONSENT SLIP**



I do hereby consent and authorize _____ (name of student/participant) to participate in the James L. Collins Catholic School 2016 Track Program. The student/participant is allowed to travel with the coach or other representative(s) of the school on any trips in conjunction with those activities if necessary.

RELEASE AND WAIVER OF LIABILITY

I understand that there are certain risks associated with participation in the 2016 Athletic Program. I assume all risks associated with the program and activities in which the child participates.

It is understood and agreed that I hereby **WAIVE AND RELEASE** James L. Collins Catholic School, Immaculate Conception Parish, coaches, sponsors, authorized representative(s) and school administrators from **ANY AND ALL LIABILITY** or claims and damages arising from personal injury, death or damage to property that may occur be in anyway incident to or in connection with participation in this program, or from any **NEGLIGENCE** of the School, Parish, coaches, volunteers or other representative as a result of the student/participant's participation in these activities.

INDEMNITY AGREEMENT

I hereby agree to **DEFEND, INDEMNIFY AND HOLD HARMLESS** James L. Collins Catholic School, Immaculate Conception Parish, coaches, sponsors, authorized representatives, and school administrators harmless from and against all liability, claims and losses, damages, punitive damages, costs, expenses, attorney's fees, demands, suits, and causes of actions of every kind ("the claims"), arising on account of personal injury or death or damage to property in any way incident to or in connection with or arising out of _____'s (student/participant) participation in the Athletic Program, notwithstanding the possibility that the sole, joint or concurrent negligence, negligence per se, gross negligence, statutory fault, or strict liability of any person that may have caused or contributed to the claim, to the extent such indemnity obligations are not prohibited by applicable law.

I UNDERSTAND THE DANGERS INVOLVED WITH PARTICIPATION WITH THE 2016 Volleyball PROGRAM AND I HAVE READ THIS CONSENT FORM AND RELEASE OF LIABILITY.

Parent/Guardian Name *(Please Print)* _____

Parent/Guardian's Signature _____

Date _____

(Over)