

HOLY ROSARY CYO VOLLEYBALL 4th- 8th Grade
REGISTRATION IS NOW OPEN! Registration Deadline is **February 1st**



Online registration is now open for Volleyball (4th-8th Grade). Please read the instructions below:

1. Website: <https://reg.sportspilot.com/106443>
2. If you registered for basketball, you should already have an account. If it's the first time you go to the site, hit Create New Account
 - a. Set the main parent guardians information, and create the login for the account
2. On the family account page, you'll use the +Add buttons to add other members to the account
 - a. Add any additional parent/guardians on the account
 - b. Add all children on the account
 - c. Make sure the DOB is correct for all participants
3. Hit the Register Player button next to the participants name to begin the process
4. Follow the steps by choosing the program (sport), then league you wish to register for
 - a. After you agree to the terms of service, you will fill out the registration form
5. Confirm the information for the participant
6. Once you return to the family account page, the registrant will be in your shopping cart
 - a. You can click register for any other participant in the family to add to the shopping cart
 - b. Once all registrations are added to the cart, hit checkout to complete the registration process.

Important Dates:

Registration Deadline: February 1st

Practices start the week of January 29th

First Match: February 25th

Regular season consists of 6 matches with an end of year tournament in April for grades 6 and up

If you have any questions with this process or would like to volunteer as a coach feel free to call or e-mail Regan Hupf at 206-229-7384 cyodirector@holyrosaryedmonds.org

****ONLINE REGISTRATION IS PREFERRED, BUT PAPER COPIES WILL ALSO BE ACCEPTED (see back of this page)****

HOLY ROSARY CYO REGISTRATION: Volleyball 2017 (Grades 4 – 8)

Return form and fee to Holy Rosary Parish, School Office, or by mail P.O. Box 206, Edmonds, WA 98020
Athletic Fee per player: \$85.00 (checks payable to Holy Rosary)

Player Name: _____ Gender (M/F) ___ Birth Date: _____ Catholic? (Yes/No): _____

Parish: _____ School: _____ Grade: _____ Race: _____

Home Address: _____
(Street) (City) (Zip)

PARENT: _____ Home/Work/Cell#: _____

PARENT: _____ HomeWork/Cell#: _____

E-Mail(s): _____

Emergency Contact: _____ Contact #: _____

UNIFORM: Adult or Youth Size? _____ S, M, L or XL? _____ Jersey Number (1st Choice) _____

Health Conditions/Physical Restrictions: _____

Medications/Allergies: _____

Family Physician: _____ Contact #: _____

Medical Insurance Carrier: _____ Policy #: _____

Permission Liability Waiver: I give my child: _____ permission to play on the Holy Rosary Edmonds CYO team. I understand that I take full responsibility for my child's welfare and will not hold Holy Rosary Edmonds Parish or School, Catholic Youth Organization of the Archdiocese of Seattle, the current coaching staff, or the schools, practice fields and of gym at which my child will participate, responsible for accident or injury sustained by my child.

In case of emergency, I hereby authorize the Adult in charge to seek any emergency care, transportation and procedure deemed necessary by a physician, due to injuries sustained while participating in the Holy Rosary Edmonds Athletic Program.

Photograph/Video/Sound Release Waiver: I hereby GIVE PERMISSION DO NOT GIVE PERMISSION to Holy Rosary to use the photograph/video/sound of my child named above for their publicity, promotion, news releases, videos, and web use. This may also apply to the written composition or visual art of the minor if it is published. Holy Rosary agrees that the child's name, picture, art, written work, voice, photograph, video or verbal statements shall only be used for public relations, public information, publicity and/or instruction. The school further agrees that students will not be identified by personal details other than first name. These details include email or postal addresses, telephone or fax numbers. Pictures of one to three children are permitted as long as an appropriate release form has been signed by the parent/guardian of each individual shown in the picture. Pictures of four or more students are permitted without a release form and will be printed without first and last names. No monetary consideration shall be paid. Consent and release have been given without coercion or duress. The photo, video or student statements may be used in subsequent years. If the child or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice. Holy Rosary has no control of media use of pictures/statements which are taken without our permission.

Parent/Guardian: _____ Effective Date: _____
(Print) (Signature)

HOLY ROSARY ATHLETIC DIRECTORS

Sarah Lacy (206) 200-5095

Regan Hupf (206) 229-7384

cyodirector@holyrosaryedmonds.org

(Official use only)
Payment Received _____

Scholarships are available upon request.