



ST. BERNARD SCHOOL
ATHLETIC PERMISSION / AUTHORIZATION FORM
 (Use a separate form for each child)

VOLLEYBALL REGISTRATION
2018 - 2019

REGISTRATION FEE: \$50.00

DO NOT SEND PAYMENT WITH STUDENT, IT WILL BE CHARGED TO YOUR RENWEB ACCOUNT

Name of Student: _____

Student's Grade in the Fall of 2018: _____ Student's Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Best Contact Number: _____ Email Address: _____

If you would like a text to accompany the emails sent by the Athletic Department, please indicate by including your cell phone service provider here (ex. AT&T): _____
 (This service only works with certain providers. Some phones will not give the complete message, however, you will be able to read the subject and it will make you aware that you need to check your email.)

I request permission for my child to participate in all practice sessions and practice games as decided by the coaches. I further request my child be permitted to participate in all games, including, but not limited to home, away, make-up and tournament games as decided by the coaches.

I understand the rules and regulations of athletics at St. Bernard School, and I request permission for my child to participate in the St. Bernard School Volleyball program. I understand that athletics involves some degree of risk and that injury is possible. I release St. Bernard School, the Diocese of Lafayette and St. Bernard School administrators, coaches and staff from responsibility for accidental injury that may occur as a normal part of the athletic program.

I authorize St. Bernard School to charge my account for the registration fee.

Parent/Guardian's Signature: _____ Date: _____

*Please explain any **medical condition** that would affect your child's ability to participate in the Volleyball Program.

Students must also have a current physical form completed in order to participate.

Deadline to Register is Friday, May 11, 2018

Handwritten signature