



# ST. WENCESLAUS SAINTS VOLLEYBALL

4<sup>th</sup>-8<sup>th</sup> Grade Girls

Registration Form for Fall 2017

Fee: \$70.00 per participant. **Due by Wednesday, August 16!**

The St. Wenceslaus Athletic Department is offering volleyball for 4<sup>th</sup>-8<sup>th</sup> grade girls. Practices will begin the week of August 21 with games starting the second week of September and continuing until the end of October. Practice times are to be determined and are dependent upon the coach's availability. Games will start between 4 & 6 pm. Kneepads and black spandex shorts will be required. Practice and game schedules will be available soon – you will be notified by email.

Player's Name: \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**All volleyball parents will be required to work in the concession stand, be a line judge, or referee games.** For questions and details watch for details from **Athletic Directors, Jolene and Dan Busch.**

**We also need parents to assist Coach Kevin Craig with practices!**

I give permission for my child to participate in the St. Wenceslaus volleyball program and for the St. Wenceslaus volleyball coach to take my child for medical or dental treatment in case of emergency. I further acknowledge that I have read and agree to abide by the rules and regulations in the Athletic Handbook viewable online on the St. Wenceslaus School Website.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I am willing and able to assist with practices for the teams.

General Practice times are 2:30-6:00. (2:45-4:15 and 4:15-5:45)

\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

### Player Commitment

Promise, as a member of the St. Wenceslaus volleyball program, to do the following

- > Attend all practices and games unless I have an excused absence.
- > Set an example of good sportsmanship.
- > Treat my teammates and others as I would like to be treated.
- > Listen to my coaches.
- > Practice, play hard, and have fun!

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

**Please return this form along with payment to the school office by Wednesday, August 16**

Make check payable to "St. Wenceslaus School". **Mail or bring form to: Saint Wenceslaus School, 227 Main St E, New Prague MN 56071**