

SPOKANE CATHOLIC SCHOOLS LEAGUE

Volleyball Registration, Fall 2011

DEADLINE: Monday, June 6th
Registration Fee: \$50.00, Late Fee (after June 6th): \$65.00

TEAMS – 5th & 6th and 7th & 8th grade teams will have combined teams and/or teams formed according to grade level from their respective schools.

PRACTICES – Practices may begin the week of August 22. Your coach will contact you about practice times and location.

GAMES – 7th & 8th grade games will begin on the weekend of Sept 10-11. 7th & 8th grade teams will play on Saturdays primarily at Gonzaga Prep. 5th & 6th grade games are played during the week and will begin the week of September 12th. All coaches will adhere to strict playing guidelines and abide by the rules set forth in the Diocesan Athletic Handbook.

COACHES – Coaching clinics and First Aid clinics will be offered TBA in preparation for next Fall.

Parents: Please make every effort to turn in this registration slip on time. We cannot guarantee a place on the team or a uniform if you do not submit your registration on time. Team composition is determined by the sign-ups received by the cut off date. The deadline is important as we need to decide if we must combine with other grades or another school to create a team or divide a team into two because we may have too many/few students to ensure adequate playing time for all. By returning a late registration you may be limiting not only your own son/or daughter's playing time, but it may also affect the players who registered on time for the team. Thank you.

(Limited scholarships available to those who qualify. Contact Mrs. Greany at 924-4300, ext 204)

REGISTRATION FORM: Please complete this form and return it to your school.

First Name _____ MI _____ Last Name _____ Grade(11/12 School Year) _

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Date of Birth _____ School _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Father's Name _____ Cell Phone _____ Work Phone _____

_____ Email address you would like practice and game schedule sent to.

My child, _____ has permission to register for Volleyball for the year 2011-2012, playing at the (Check one box) ___ 5th & 6th Gr level; ___ 7th & 8th Gr level.

I have enclosed the \$50.00 registration fee (checks payable to St Mary's) and have signed to verify my permission and commitment to play.

Signature of Parent

_____ I am interested in coaching or helping coach this team.

_____ Contact phone and Email address