

*Saints Rose Of Lima And Ss Rose and
Clement* **CAL Volleyball Registration Form**
2020 Season

For any middle school students in Grades 6-8.

The 2020 season is coming soon and our team needs to be registered by February 14th with the CAL League office. Please return registration with fee no later than February 12th. Thank you

Player's Name: _____ Date of Birth: _____ M/F

Player's Address:

Parent's Address (if different):

Grade: _____ Did you play Last Year? Yes: _____ No: _____

**Parent
Information:**

Father's Name: _____ Home # _____ Cell #:
_____ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Father's e-mail address: _____

Mother's Name: _____ Home _____ Cell #:
_____ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Mother's e-mail address: _____

Any medical condition player's coach should be aware of?

Costs: 1) \$45.00 per player

Amount Paid: \$ _____ Cash: _____ Check Number: _____ **Checks to be
made out to: ST. Rose of Lima School if student or SSRC if parish member No refunds
after official season begins**