

## 2018 Volleyball Registration Form

Child's Name: \_\_\_\_\_ 2018-19 grade: \_\_\_\_\_

Birth Date : \_\_\_\_\_

Shirt Size (circle cone): Youth M Youth L Adult S Adult M

Parent's Signature \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

The success of this program depends upon parent volunteers. Please check the way(s) in which you can help.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I'm willing to \_\_\_\_\_ coach or \_\_\_\_\_ assist or \_\_\_\_\_ assist at practices.

**PLEASE LIST ANY PHYSICAL CONDITIONS OR FOOD ALLERGIES YOUR CHILD HAS THAT ARE RELEVANT TO THEIR PARTICIPATION.**

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**Please return this completed form with a check for \$100.00 (Made payable to The Seven Hills School) to your division office by Friday, May 11th, 2018**