## Volleyball

## Registration 2024



## Be transformed by the renewing of your mind... Romans 12:2



Participant Name  Date of Birth		Grade  Contact email		
City		State	Zip	
Parent Name			Phone	
Emergency Contact Name			Phone	
Participation Fee VCS Student: \$120 Home-Schooled Student: \$150	Family maximum: \$360 Family maximum: \$450			
<b>Behavior Policies</b> Please read and discuss the Athletic We have read the Athletic Handboo	•	•	<del></del>	
Parent Signature	Date	Student Signa	ture	Date
Parents: please read the Concussion I have read the Concussion Fact She has a concussion.	-	•	<u>sy-christian.org/sports/</u> ). and actions I should take if I suspect m	ny child
In case of an emergency, the athlete I an		· · · · · · · · · · · · · · · · · · ·	another if needed. I hereby authorize the tion of my child while under the supervisio	
Parent Signature	Date			
if they meet the following requirements:      The student is taking courses     The student is not enrolled in courses, they are enrolled as     The student is not enrolled in     The student is not attended     The student is making satisfact.  The Christian Athletic League may allow student does not fully meet these requirements:	Athletic League allow the participa at home or through a home school any college or vocational courses of a home-schooled student. courses at any other public, charted practices or tried out for any other tory progress towards graduation. exceptions to these requirements i ements.	co-op. outside the home or or private schoo or public, charter, p n special circumst		eour
Parent Signature	Date			