

# CYO VOLLEYBALL

## St. Joseph, Mary, Queen of Peace & Our Lady Of Sorrows Parishes

### 2008 Volleyball Signups Are Now!

CYO is open to all parish and school families!!! St. Joseph, Mary, Queen of Peace, and Our Lady of Sorrows Parishes are joining together to offer Volleyball for Winter 2008. This is a great opportunity to meet other families and to participate in your own parish as well as a Catholic community.

#### Grade 5 – Grade 8 teams are being formed!!

Teams are formed by grade for girls and boys interested in learning the sport of Volleyball. No prior volleyball experience needed!!

#### Coaching

**Please Volunteer, We Need You!! All teams need parent coaches. Training and assistance is provided.**

#### Schedule

**Games** –8 games currently scheduled for 2/23, 3/1, 3/9, 3/15, 4/5, 4/6, 4/12, and 4/13. Games take place against other local parishes on CYO approved courts usually on the Eastside.

**Practices** – Typically 2 practices per week (Tues. and Thurs. evenings) starting at the beginning of February.

**All practices will take place at Mary, Queen of Peace.**

Registration forms available on these websites: [www.mqp.org](http://www.mqp.org) or [www.sjsissaquah.org](http://www.sjsissaquah.org)

**Please return registration forms no later than January 22 to your Parish Office or St. Joseph School Office.**

**If you have questions contact:**

**Jeannette Borges – Mary, Queen of Peace 868-5562 [borgesdj@comcast.net](mailto:borgesdj@comcast.net)  
Jennifer Ballsmith - St. Joseph Parish/OLOS Parish 396-4251 [JAballsmith@aol.com](mailto:JAballsmith@aol.com)**

## CYO Volleyball 2008

ST. JOSEPH, MARY, QUEEN OF PEACE, & OUR LADY OF SORROWS  
Registration & Consent and Release Form

**Registration  
Forms due  
Jan. 22nd**

### Registration Fees (per child)

Grade 5-8 \$ 50

Use one form for each child; copies okay. Additional forms available [www.sjsissaquah.org](http://www.sjsissaquah.org)  
Attach check payable to **Mary, Queen of Peace**.  
Fees will only be refunded if a team cannot be formed or due to injury before the season starts.

### Registration Information

Player's Name: Last First MI Male/Female Birthdate Age (Today)

Primary Address: Number and Street City Zip

Parent name: Last First Home Phone Work or Cell Phone

E-mail address (identify which parent)

Parish (St. Joseph; MQP; OLOS) School Grade

Physician/Phone Emergency Contact/Phone

Known allergies of this player, including any allergies to medicine

Any other medical problems which should be noted \_\_\_\_\_

Catholic Youth organization ("CYO") activity listed above. I affirm that my child has no special medical conditions (except as listed above) and is fit for strenuous physical activity. I understand that this activity may take place away from the Parish/School grounds, that my child may be under the supervision of CYO volunteers during the activity and that CYO coaches, volunteers and other parents may provide transportation for the activity. I understand that this sport and any associated activities, including transportation, involve an element of risk of bodily injury. I assume and accept all such risks and hazards that arise from participation, whether or not such risks are foreseeable and whether or not such risks are directly related to participation in the activity. I hereby release, absolve, and agree to hold harmless and indemnify the Corporation of the Catholic Archbishop of Seattle, St. Joseph Parish, Mary, Queen of Peace Parish, Our Lady of Sorrows Parish, St. Joseph School, CYO (and any agents, employees, officers, chaperones, leaders, organizers, coaches, volunteers, or sponsors of the foregoing), from and against any claims or suits arising from participation in the activity. Should such entities be guilty of gross negligence leading to serious illness, injury or death of my child, I recognize that I have the right to pursue legal redress. I agree to hold any third parties (e.g., the place at which the activity occurs) responsible for their own negligence and liability.

**I hereby authorize medical/dental care and treatment for my child/guardian, as necessary, while under the supervision of the CYO sports program representatives.**

I will return all equipment and team uniforms at the end of the season in clean and good condition within 1 week of last game, or I will provide St. Joseph/Mary, Queen of Peace/Our Lady of Sorrows CYO with the funds to replace said equipment/uniforms

**I acknowledge that I have read and fully understand this consent and release form and agree to the above child's participation in the St. Joseph/Mary, Queen of Peace, Our Lady of Sorrows CYO volleyball program.**

PARENT/GUARDIAN: Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign \_\_\_\_\_