

OWENSBORO CATHOLIC ELEMENTARY SCHOOL
STUDENT ATHLETIC APPLICATION
Volleyball

REGISTRATION FEE: \$30 FOR FIRST CHILD AND \$20 FOR EACH ADDITIONAL CHILD PAYABLE TO OCES BOOSTER CLUB

STUDENT INFORMATION

Name _____ Date of Birth _____
Phone No. _____ School _____
Address _____ Parents Name _____
Religious Ed. _____ If Yes, Which
(Yes/No) _____ Parish _____

MEDICAL INFORMATION

Height _____ Weight _____
Insurance (Yes/No) _____ Company _____ I.D. # _____
Health Problems? _____

In compliance with State Law all student athletes are required to have a medical physical on file in the principal's office BEFORE they can participate. Physicals must be on a "KHSAA FORM"

WAIVER CLAUSE: (Applies to all participating Athletes)

The above named individual has our/my permission to participate in the athletic program sponsored by the OCCSS. We/I understand that no insurance is provided by the OCCSS, the individual school athletic department or any individual connected with the program. We/I agree to release from responsibility and to hold blameless the OCCSS, School Athletic Department or any individual who is assisting in the sports program sponsored by the OCCSS for any injury or sickness resulting from participation in the sports program.

Parent/Guardian Signature _____ Date _____

Would you (parent/guardian) like to help coach? If so please complete a coach's application.

Student Shirt Size (please circle one) YS YM YL AS AM AL AXL AXXL

We agree to keep the equipment assigned to us clean and repaired to the best of our ability. WE agree to replace equipment assigned to us that is lost, stolen or abused by us.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This application is for all Girls' in the 3rd, 4th, 5th, and 6th grade that want to play volleyball for Owensboro Catholic Elementary School. Late signups will only be placed on teams that have an opening. If you have any questions please call Jamie Klump (926-4492) or Russ Hayden (684-6783).