

St. Columbkille

VOLLEYBALL

Grades: 5th thru 8th

Crusaders Girls'

Fall 2010

VOLLEYBALL Teams!

Open to girls in grades 5, 6, 7, and 8 who are parishioners OR who are enrolled at St. Columbkille School. Don't miss out on a chance to join your friends in great autumn fun!

Registration Due
April 30

§ **Four grade levels:** Crusader Volleyball teams are open to girls who are parishioners at St. Columbkille Church, *or* who attend St. Columbkille School. Each grade level (5th, 6th, 7th, and 8th) will have a team.

§ **Great League:** The P.A.L. League is an excellent competitive league. Teams from throughout the metro area participate, including many Catholic teams and teams from other denominations.

§ **Details:** Practices begin in early August. The regular volleyball season begins in early September, and ends with championship tournaments in late October. Grades 6, 7, and 8 have both Competitive and Developmental divisions; 5th grade has 1 division of play.

Fees for 2010 are: grades 5 = \$65, 6 = \$69 and grades 7 and 8 = \$84. Registration fees pay the required league fees, entry fees for tournament, defray the cost of officials, and assist in the replacement and purchase of new equipment and uniforms, and are used to supplement expenses associated with the Athletics program.

COACHES NEEDED! We welcome parent coaches and parent volunteers. Having several coaches for every team helps players develop by the individual attention they get. *Parent Volunteers* can also help the team in a number of ways. If you can help, please indicate your interest on the registration form. E-mail: selsasser@saintcolumbkille.org



CRUSADERS VOLLEYBALL FALL 2010

- **Fees:** \$65 for 5th \$69 for 6th \$84 for 7th and 8th
- **Checks should be made payable to St. Columbkille Athletics AND accompany this registration form**

Player's Name: _____ Grade (fall '10) _____

Address: _____ School you Attend: _____

(PARENTS): I would like to help the: 5th 6th 7th 8th grade team (circle):

Parent Volunteer Name: _____ E-mail Address: _____

Home Telephone: _____ Message/Work Telephone: _____

Safe Environment Number: _____ Expiration Date: _____

HEAD COACH

ASSISTANT COACH

PARENT VOLUNTEER

Release and Wavier: I/We the parents or legal guardians of the player named above, a participant in the St. Columbkille Volleyball program, hereby give my/our permission for the player to participate in any and all St. Columbkille Volleyball activities and events. I understand that athletics and sports are activities which can cause serious injury, for which I am voluntarily giving my child permission to participate in. I/We on behalf of ourselves and the player, assume all risks and hazards incidental to the player's participation, including the risk of injury and/or death, occurring as a result of participation, observation and transportation to and from Volleyball activities. I/We, on behalf of ourselves and the player, hereby agree to indemnify and hold harmless, St. Columbkille, the Catholic Youth Volleyball League, their organizers, sponsors, employees, all practice field providers, administrators, volunteers, coaches, referees, assistants, or anyone transporting the player to and from Volleyball activities, and anyone preparing any playing field from any and all claims for negligent, willful, wanton, unintentional, accidental, or intentional acts or omissions which may occur at any time during the Volleyball season, practices, games, or transportation. Notwithstanding the above stated language and without the wavier of any defense of immunity, under the statute or common law from any protected person, the execution of this release/waiver and hold harmless agreement, limits the signer and participating child's right to recovery only to any applicable insurance policy of St. Columbkille or its insurance representatives. I/We hereby certify that sufficient accident and liability insurance covers the player and that I/we will maintain such coverage in force at my/our expense while he/she participates in the St. Columbkille Volleyball Program. I/we further certify that our child is covered by Medical Insurance which will remain in-force throughout the season, and that the child is medically and physically able to safely participate and compete in athletics. **Hold Harmless and Indemnity Agreement:** The Volleyball Participant and/or Family agrees to defend, protect, indemnify, and hold harmless St. Columbkille Parish and Athletics (and parish staff and volunteers) from all claims arising from the negligence or fault of the above named Volleyball Participant and/or Family or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named Volleyball and/or Athletics at St. Columbkille. Additionally, the above named Volleyball Participant and/or Family agrees to protect, defend, hold harmless, and fully St. Columbkille Parish and Athletics for any claims or cause of action whatsoever arising out of Volleyball and/or Athletics which takes place during Volleyball and/or Athletics that is brought against St. Columbkille Parish and/or Athletics by the above named Volleyball Participant and/or family or their family members whether such claim arises from the alleged negligence of St. Columbkille Parish and/or Athletics, its employees or agents, or Volleyball Participant and/or family's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Date: _____ Parent/Legal Guardian Signature: _____