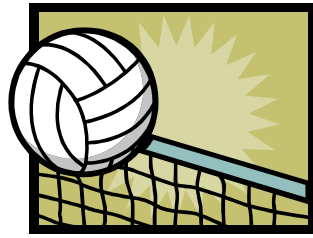


St. Columbkille Intramural  
**VOLLEYBALL**

**Grades 3 and 4**

Registration ends:  
**September 3**



**Crusaders Intramural 2010  
VOLLEYBALL!**

Open to **BOYS and GIRLS** in grades 3 and 4.

*Don't miss out on this chance to join your friends and classmates in great autumn fun!*

▶ **Grade Levels:** Crusader Intramural Volleyball teams are open to all boys and girls in the 3<sup>rd</sup> and 4<sup>th</sup> grade.

▶ **Games:** Teams will play a round-robin schedule starting in September and concluding in October.

▶ **Practices:** Practices will be held primarily on weekends at St. Columbkille gymnasium. Games and practices will be held mostly on Saturday morning, with some Friday evening or Sunday afternoon games/practices.

▶ **Coaches, referees, and volunteers needed:** Coaches are needed to help each team. Also, referees for games are needed. Families can volunteer by coaching, officiating, keeping score, or by working in the concession area for games. All families must participate as volunteers.

▶ **Details:** Each player will receive a St. Columbkille Volleyball shirt as his/her uniform. All players will receive volleyball awards.

Intramural Volleyball Fees for 2010 are **only \$39 per player**. Call the Athletic Office at 592-1533, or email ([selsasser@saintcolumbkille.org](mailto:selsasser@saintcolumbkille.org)). Registration ends September 3.

Intramural VOLLEYBALL Registration \*2010\* Grades 3 & 4

- Complete and return by 9-3-10, along with check for \$39, to Athletic Office, 200 East Sixth St., Papillion, NE. 68046
- Checks should be made payable to St. Columbkille Athletics AND accompany this registration

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ School you attend: \_\_\_\_\_

T-Shirt Size: Youth 14-16    Adult Small    Adult Medium    Adult Large    Adult XL

**(PARENTS): I would like to help the Intramural VOLLEYBALL Teams as a:**

Parent Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Message/Work Telephone: \_\_\_\_\_

SAFE ENVIRONMENT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HEAD COACH       ASSISTANT COACH       REFEREE       CONCESSION STAND

**Release and Waiver:** 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 waiver 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. 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: \_\_\_\_\_ Print name parent/guardian: \_\_\_\_\_