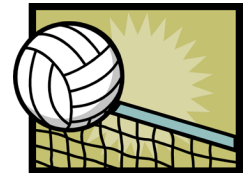


2024-25 NB CSL VOLLEYBALL REGISTRATION

5th– 8th Grade GIRLS and 5/6 & 7/8th BOYS TEAMS



Your school participates in the North Bay Catholic Schools Athletic League. The NB CSL consists of 11 Catholic & Private schools in the Counties of Sonoma, Napa & Mendocino. **We are NOT affiliated with CYO. THIS IS YOUR SCHOOL TEAM which plays in the NB CSL.**

REGISTRATION FEE is DUE with form. A refund will be issued if your team folds or the league doesn't get enough teams to play. Grades may be combined to form a team if participant numbers are low. Combining teams is at the discretion of the school, following NB CSL policy.

League games are on Monday nights and Saturdays.

- **Season BEGINS Saturday, August 24th, 2024.**

COACHING: Our teams are coached by registered volunteer parents. Each team must have 2 co-coaches.

If you are interested in coaching, please contact your school athletic director as soon as possible.

Coaches who represent the NB CSL are required to follow and adhere to the NB CSL Coaches Code of Conduct, NB CSL Coaches Handbook, be a registered volunteer, and may be asked to attend a coaches meeting held by your athletic director. Any questions, please contact Mrs. White at white@smsukiah.org.

REQUIREMENTS for participation:

- It is **recommended** that all participants have an athletic physical prior to participating in any athletic program.
- Student Athletes will be required to sign the ***Responsible Student Athlete Agreement** prior to the start of the season.
- Parents may be required to attend a mandatory pre-season parent meeting and sign the ***Responsible Athletic Parent Agreement**. (* Your Athletic Director will provide this information.)

2024-25 NB CSL VOLLEYBALL REGISTRATION DUE BY MAY 15th, 2024 (1 student per form)

***FEE DUE with registration form: \$150 per athlete / Checks made payable to ST. MARY OF THE ANGELS SCHOOL**

*Refunds will be given if your school or league does not field enough teams.

PRINT LEGIBLY - ALL FIELDS must be completed

PRINT Athlete Name _____

DOB ____/____/____

24-25 Grade: _____

Gender: M / F

Home Address: _____ City _____ Zip _____

PRINT PARENT / GUARDIAN NAME HERE _____

1. PARENT / GUARDIAN EMAIL _____

PARENT / GUARDIAN CELL PHONE _____

2. PARENT / GUARDIAN EMAIL _____

PARENT / GUARDIAN CELL PHONE _____

COMPLETE BOTH SIDES OF THIS FORM

PRESCRIBED MEDICATION: COMPLETE ONLY IF YOUR CHILD REQUIRES AN INHALER OR OTHER MEDICATION WHILE PARTICIPATING IN THIS ACTIVITY. My child may require the use of an inhaler while participating in this activity. By signing this form, I give permission for the coach in charge to administer and / or supervise dispense of inhaler / medication. I will provide the coach with inhaler / medication in full prescription box, with concise direction provided on the label, physician prescription.

____ YES my child is taking medication
____ YES I must provide the coach with medication in original packaging, including concise directions and / or physician prescription.
Parent Signature _____ Date ____ / ____ / ____

MEDICAL RELEASE – SIGNATURE IS REQUIRED BY ALL

I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the phone I've provided on this form, it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for all such diagnosis, treatment, or hospital care which the physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the Family Code of California and the Health Code of California.

Parent Signature _____ Date ____ / ____ / ____

**RELEASE OF CLAIMS AGAINST THE DIOCESE OF SANTA ROSA
SIGNATURE IS REQUIRED BY ALL PARENTS OF MINORS PARTICIPATING**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified activity. I understand that there are risks in my child's/ward's presence, transportation, and participation in this school-sponsored program. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Rose School, its officers, directors, employees and agents, chaperones, or representatives associated with the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Arch/Diocese of Santa Rosa, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of Santa Rosa. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE SCHOOL, DIOCESE OF SANTA ROSA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, CHAPERONE, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME ON BEHALF OF MY CHILD, AND THE SCHOOL/DIOCESE OF SANTA ROSA AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I as parent and/or legal guardian, remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform to directions of the supervising personnel.

SIGNATURE

PARENT/GUARDIAN SIGNATURE: _____ Date ____ / ____ / ____

PRINT PARENT / GUARDIAN F/L name: _____

CELL Phone: _____

OTHER MEDICAL TREATMENT – SIGNATURE REQUIRED BY ALL

In the event it comes to the attention of the parish / school, its officers, directors and agents, and the Arch/Diocese of Santa Rosa, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called, using the phone number I've provided at the bottom of this form.

Parent Signature _____ Date ____ / ____ / ____