



Educating Mind † Heart † Spirit



2017 Eagles Volleyball Registration

Please submit this completed registration form to the school office by Thursday, August 10, 2017. Please be reminded that an athletic fee (\$120) per sport is to be paid to Sacred Heart Catholic School. This cannot be processed through FACTS.

All physicals must be completed prior to the start of practice.

Practice starts Monday, August 21st from 3:15-5:45pm

Player Contact & Background

First Name: _____	Last Name: _____
D.O.B: _____	Gender: _____ Male _____ Female
Street Address: _____	
City: _____	Zip Code: _____
Telephone Numbers: (Home) _____	(Cell) _____
E-mail address: _____	
Previous Volleyball Experience: _____	

Medical Insurance & Health Information

Insurance Company: _____	
Telephone Number: _____	Policy Number: _____
Allergies? No Yes (explain): _____	
Medical concerns or other needs? No Yes (explain): _____	

Emergency Contact Information

People that can be reached during games and practice:	
Name: _____	Relationship: _____
Telephone Numbers: (Home) _____	Cell: _____
Name: _____	Relationship: _____
Telephone Numbers: (Home) _____	Cell: _____