



**HOLY ROSARY**  
**CATHOLIC SCHOOL**

**HOLY ROSARY SPORTS PROGRAM CONSENT & REGISTRATION**  
**VOLLEYBALL**

**Registration Fee Sport: \$85.00**

**Check No.** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**PARENT'S CONSENT**

I hereby give approval for participation of my child in the above Holy Rosary sport and affiliated association or league activities, and I assume all risk and hazards incident to such participation including to and from said activities, waive, release, absolve, indemnify and agree to hold harmless Holy Rosary School Directors, Teachers, Coaches, participants, and persons or parents transporting participants, to and from such activities from any claims of injury to my child.

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**Parent's Signature**

**Date**