

O.L.M.C. ATHLETIC ASSOCIATION  
2016-17 REGISTRATION FORM

VOLLEYBALL

Please type or print clearly:

(PLEASE INCLUDE AN EMAIL ADDRESS OR WRITE "NONE" IF APPLICABLE)

Name of Child: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone or Pager #: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Registration Fees are **\$100.00** per child

Amount enclosed: \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Please make check payable to: **OLMC-AA**

- Prior to the start of the season, all athletes and parents will be given a "**CODE OF CONDUCT**" form to review, agree to and return to the OLMC-AA. No athlete will be permitted to participate in a sport without doing so. Any violation of this "**CODE OF CONDUCT**" may result in suspension or expulsion of the athlete and/or parent from future sports activities.
- Please sure that you signed and returned the "**Informed Consent and Waiver Form**" to your child's coach.