



VICTORY

A T H L E T I C S

- Boys
- Girls

- Baseball
- Basketball
- Football
- Golf
- Lacrosse
- Soccer
- Softball
- Volleyball

Did you play this sport last year?

- Yes
- No

If YES, who was your coach:

The grade the player will be in when the sport is played:

- KDG
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Shirt Size _____

Pants Size _____

Please complete the following Player's Information:

PLAYER'S NAME: _____ CURRENT AGE: _____

STREET ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ ZIP: _____

SCHOOL CURRENTLY ATTENDING: _____

Parent or Guardian:

NAMES OF PARENTS/GUARDIANS: _____

EMAIL ADDRESS: _____

PHONE NUMBERS:

HOME: _____

WORK: _____

CELL: _____

I agree to allow the above named player to play this sport, and we will be responsible for returning all uniforms and team equipment to the Sport Coordinator or Coach on the date(s) specified at the end of the season. I understand that OLV Athletic Association owned uniforms and equipment must be returned promptly in order for my player to be eligible to participate in any future sports. I also understand that the above named player will be held responsible for all damage he/she may cause to any uniform, equipment or gym/field facilities, including financial compensation for repair or replacement costs.

I grant permission for our son/daughter to participate in the above activity at Our Lady of Victory. I hereby release Our Lady of Victory Parish and School, the Our Lady of Victory Athletic Association, its agents, employees, officers, administrators, managers, coaches and assistant coaches from all claims for all personal injuries and injuries to property caused by or arising out of the activity.

I certify that I am the parent/guardian of the player named above and that to the best of our knowledge; he/she is physically fit to participate in said activity. I understand that it is the responsibility of each parent/guardian of said player to adequately cover that player with proper insurance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SPECIAL SAY SOCCER NOTICE:

By signing below, I understand that the above player may sign up for one SAY team before and during the soccer season. We hereby agree that the Soccer Association for Youth (SAY), its members, coaches, or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by, or under supervision of SAY, and we agree to indemnify and to hold harmless SAY, its members, coaches, officers, or designates of any kind from any claim whatsoever.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FEES PAID: YES or NO

CASH or CHECK # _____