

**2023 OLMC WARRIOR FALL
VOLLEYBALL REGISTRATION FORM**

Please Return Completed Form by Wednesday, September 6, 2023

For questions or concerns, email Coach Stephanie Liriano at Sliriano829@gmail.com or call (201) 562-5312.

Child's Name: _____

Date of Birth: _____

School/Current Grade: _____

Student is (circle all that applies): **OLMC Student** **Religious Ed.**
Parishioner

Known medical condition(s) – please explain _____

Home Address: _____

Parent Phone Number(s): _____

E-mail(s): _____

Emergency contact name/number: _____

Registration fee \$150

Jersey if needed – additional \$50 uniform fee

Practice times: in the OLMC gym. DAYS and TIMES to be determined!

Waiver and Release:

I, the parent/guardian of the above named child, hereby give my approval and permission to my child's participation in any and all volleyball activities directly or indirectly associated

with the Our Lady of Mount Carmel Athletics, including transportation to and from these activities and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Mount Carmel Volleyball program it's organizers, sponsors, supervisors, coaches, coordinators and participants as well as any persons transporting my child, except to the extent and in the amount covered by any applicable accident or liability insurance, if any. I recognize and understand injuries may occur during the participation of athletic events and with this knowledge my child and I voluntarily choose to assume the risk of injury that may result during these activities and/or transportation to and from these activities. I also hereby fully consent to emergency medical care being administered to my child in the event that the above named child should require such attention. This waiver remains in effect until it is revoked in writing by the undersigned parent and delivered to the OLMC Volleyball program.

Parent Signature: _____

Date: _____

Cash or please make checks payable to the OLMC Athletic Fund.