

2008 Volleyball REGISTRATION FORM

Registration forms will not be
accepted without payment
Oaklandon Christian Church
6701 Oaklandon Road, Indianapolis, IN 46236
(317) 823-6815 www.oaklandoncc.org

FOR OFFICE USE ONLY

Paid \$ _____
Check # _____
Cash
Date _____
Wait List

Check grade in Fall 2008

Jr.	Inter.	Sr.
<input type="checkbox"/> 3rd	<input type="checkbox"/> 5th	<input type="checkbox"/> 7th
<input type="checkbox"/> 4th	<input type="checkbox"/> 6th	<input type="checkbox"/> 8th

PLEASE PRINT CLEARLY

You may photocopy this form for additional children in your household. One form per child, please.

Please be aware that as soon as the league is full, all subsequent registrations will be placed on a waiting list in the order our office receives them.

Child's Name _____ Gender _____ Other Siblings in League? _____
Last Name First Name

School _____ Date of Birth _____ (Copy of birth certificate may be required.)

Father _____
last name first name work phone email

Mother _____
last name first name work phone email

Address _____
street city state zip

Home Phone _____ Best Contact Person _____ Phone _____

<p>Fee: \$70 per child Includes volleyball jersey, , team and individual photo package, and trophy.</p>	<p>Jersey Size</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Small child</td> <td><input type="checkbox"/> Adult Small</td> </tr> <tr> <td><input type="checkbox"/> Medium child</td> <td><input type="checkbox"/> Adult Medium</td> </tr> <tr> <td><input type="checkbox"/> Large child</td> <td><input type="checkbox"/> Adult Large</td> </tr> </table>	<input type="checkbox"/> Small child	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Medium child	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Large child	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Small child	<input type="checkbox"/> Adult Small						
<input type="checkbox"/> Medium child	<input type="checkbox"/> Adult Medium						
<input type="checkbox"/> Large child	<input type="checkbox"/> Adult Large						

I, _____ give permission for _____ to
legal guardian child's name
 participate in OCC's Youth Volleyball League with the understanding that the program is run by volunteers, acting in the best interest of all youth athletes in a fair play, instructional environment. Responsibilities for safety, availability of participation, and positive attitude are mine.

I also give consent for emergency treatment at _____ in case of emergency.
medical facility

Your family is asked to participate in one of the following:

<input type="checkbox"/> Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Set Up	<input type="checkbox"/> Team Parent
<input type="checkbox"/> Devotions	<input type="checkbox"/> Time or Score Keeper		

Please check **AT LEAST 2 nights you ARE available** for practice:

M T W Th

Due to the size of the league we will not be able to move players after the rosters are set.

We are not allowing children to pick who they play with or who their coach is. This league is about building friendships, new and old. There are no exceptions to this rule, only in the case of siblings. *Let's have fun and meet new people.*

- Thanks for your understanding.