



## CEA Athletics 2019-2020

### **Program Registration Notice: Girls Volleyball, 5<sup>th</sup> – 8<sup>th</sup> Grades**

<b>Program Name:</b>	Girls Volleyball
<b>Eligible Grades/Ages:</b>	5 <sup>th</sup> – 8 <sup>th</sup> Grades
<b>Start Date:</b>	Tuesday, September 3
<b>Fee:</b>	\$200
<b>Practice &amp; Game Days:</b>	Practices – Monday through Thursday, 3:45pm to 4:45pm Games - TBA
<b>Try-outs:</b>	Required – August 26 at 3:45 p.m.

#### **Important program details**

This program requires all students to have knee pads. Game schedules will be handed out to the students once they become available. Parents are responsible for transportation to all away games.

Changes made to the practice schedule and/or any game-day updates will be sent out via text. Please ensure that the office has a correct cell phone number where parents may be reached.

#### **Registration information**

To register for this program, please complete the attached registration form and return it along with payment to Adrian Izquierdo in the main office no later than Tuesday, September 3. In addition, an updated Parental Consent/Medical Clearance Form must also be submitted to the office in order for any student to participate.

If you have any questions, please feel free to contact Coach Carlos Salvat at [csalvat@conchitaespinosa.com](mailto:csalvat@conchitaespinosa.com).





**CEA Athletics**  
**2019-2020**

**Program Registration Form: Girls Volleyball, 5<sup>th</sup> – 8<sup>th</sup>**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_

Teacher: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home phone: \_\_\_\_\_

Primary E-mail (please print clearly) \_\_\_\_\_

Primary Cell number for text updates \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (XS, S, M, L, or XL. Please indicate if size is Youth or Adult)

**WAIVER AND RELEASE: I (We) hereby give my (our) approval to my (our) child's participation in this activity and hereby, release, indemnify, and hold harmless Conchita Espinosa Academy, Inc., its staff and employees, by reason of my (our) child's participation in said program.**

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed registration form to Adrian Izquierdo in the office along with the registration fee before the first practice.



**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_