



# 2018-2019 Lady Wolves Volleyball

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Grade Level: \_\_\_\_\_

**REGISTRATION FEE: \$25.00**

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Parental Permission: I \_\_\_\_\_ give my child  
\_\_\_\_\_ permission to be a member of the LCCA Lady Wolves  
volleyball team for the 2018-2019 school year. I agree to assist my child in being at scheduled  
practices and games.

Student Signature: I \_\_\_\_\_ would like to be a participant in the LCCA  
Lady Wolves volleyball team. I will do my best at each scheduled practice and game. I understand  
that as a student, my academic class work/homework come before practice/ games activities, and I  
will do my best to meet the expectations of my teachers and coach(s).

\_\_\_\_\_  
(Athlete's Signature)

\_\_\_\_\_  
(Athlete's Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/ Legal Guardian Signature)

\_\_\_\_\_  
(Parent/ Legal Guardian Printed Name)

\_\_\_\_\_  
(Date)