



2018-2019 Lady Wolves Volleyball

Full Name: _____ Date of birth: _____

Phone Number: _____

Parents Name(s): _____

Grade Level: _____

REGISTRATION FEE: \$25.00

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)