



St. Croix Preparatory Academy Volleyball Signup Form

Child's First Name _____ Last Name _____

Date of Birth _____

Grade (2009/2010 School Year) _____

Street Address _____ City _____ State _____ Zip _____

Mom's Name _____ Dad's Name _____

Mom's Email _____ Dad's Email _____

Mom's Primary Phone _____ Dad's Primary Phone _____

Mom's Secondary Phone _____ Dad's Secondary Phone _____

Played last year? YES _____ NO _____ If YES, what team? _____

Are there any medical conditions that the Coaches of SCPA need to be aware of? If so please explain:

In consideration of participation in the SCPA volleyball program, we hereby waive and release any and all claims for damages we may have or that my child may have against members of the SCPA, and/or the St. Croix Preparatory School system.

Parent or Guardian Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE. FOR SCHOOL USE ONLY:

Fee: \$50

Payment method: Cash _____ Check _____ Amount Paid _____

Number of players paid for? _____