

# ST. MICHAEL SCHOOL

## Girls Volleyball - CYAC League

**Student Athlete:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade (circle one):**    **5**        **6**        **7**        **8**

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**School    or    Religious Education    (circle one)**

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**Paid**    Yes\_\_\_\_    No\_\_\_\_

**Medical Form**    Yes\_\_\_\_    No\_\_\_\_

**Handbook Signed**    Yes\_\_\_\_    No\_\_\_\_

- Turn in this completed registration form.
- \$50.00 player fee due  
(nonrefundable, make checks payable to St. Michael School)
- Printed/Signed back page of the Athletic Handbook.

Further items that will need to be completed and turned in before your athlete can participate in practice/games:

- An MHSAA student physical form

If you have any questions, please contact me.

Dawn Goodman

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