

# S. C. C. S. Knights 2010 Volleyball Registration Form

**\*\*\* This is the official registration form!!! \*\*\***

S. C. C. S. will field volleyball teams for 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade girls if there is interest from students and parents. These teams will be a part of the Catholic Athletic Association. Games will be with other Catholic school teams. Practices will begin no earlier than the week of August 23<sup>th</sup>. Play-offs will most likely be held the week of October 25<sup>th</sup>. Specific dates and game schedules will be given to us by the CAA in early September. As I learn more information, those interested will be informed.

One/two weekly practices will be the norm for most teams. Times and days will depend on availability of coaches and the gym. Games are twice per week, most likely starting the week of September 20<sup>th</sup>.

Cost for volleyball is \$75.00. Payment must accompany any registration form. For anyone in need, please do not hesitate to call the school office for information. Questions should be directed to John Kolnik, SCCS Athletic Director, [jkolnik@stccs.com](mailto:jkolnik@stccs.com) or 651 439-5581, ext. 333.

**REGISTRATION DUE IN OFFICE NO LATER THAN: August 27<sup>th</sup>, 2010!**

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Advisory Teacher \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Street/City/State/Zip  
\_\_\_\_\_  
\_\_\_\_\_

Parents: As in the past, we are looking for your talent and expertise. Please circle the item you can help with.

COACH

ASSISTANT COACH

OTHER

Name \_\_\_\_\_ Grade \_\_\_\_\_

VOLLEYBALL