

**Blue Jay Activities Club  
K thru 3rd Grade Girls Volleyball 2019**

Player Name: Last \_\_\_\_\_ First \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Guardian or Parent Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Day: \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Email**

**Starts Saturday August 24 - at the Central Catholic Activities Center, E Walnut, West Point.  
Registration Fee \$15.00, make check payable to GA CC Booster Club. For more information you  
may call Cherie Kreikemeier 459-1262, or email: [cjkreikemeier@hotmail.com](mailto:cjkreikemeier@hotmail.com) You may drop off  
registration at G.A. school or mail to 742 Hillcrest Rd, West Point, or bring it on Saturday.**

Parent/Legal Guardian Consent for Medical Treatment of Minor

As the parent or legal guardian of the player named above, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of my dependent. I furthermore authorize the office, leader, coaches or referees of the Blue Jay Activities Club to transport as required in an emergency the minor, as named above, to and from Blue Jay Activities Club sponsored activities including, but not limited to athletic and social events.

Person to be notified in case Parent/Guardian is not present:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ Telephone \_\_\_\_\_

Liability

As the parent or legal guardian of the player named above, I understand and agree to hold the Blue Jay Activities Club, their coaching staff and any support staff **harmless** from every liability, claim, action cause of action, judgment, loss, expense or cost what so ever arising from or in any way related to, or resulting from the participation of the player named above in any game of volleyball including all related activities including but not limited to playing, practicing, waiting to play or practice or traveling to and from the site.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I can help \_\_\_\_\_ No, I can't help \_\_\_\_\_  
Coaching \_\_\_\_\_ Making phone calls \_\_\_\_\_ Other \_\_\_\_\_

cut & save

Bluejay Volleyball clinic at the GA & CC gyms

**Aug. 24<sup>th</sup> – 31<sup>st</sup> 9:00am – 10:30am**

**Sept. 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup> - 9:00am until 10:30a.m.**

**Thank you for allowing your daughter to attend the Bluejay Youth Volleyball**

**Please bring an extra pair of shoes to change into, to help protect the gym floors. The little rocks in our shoes are very damaging to the gym floors. Thank you for helping with this.**